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THE UNIVERSITY OF ALBERTA

IMPLEMENTATION OF CNA STANDARDS FOR NURSING ADMINISTRATION

BY
EVELYN JEANETTE GUILLEMIN

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE

OF DOCTOR OF PHILOSOPHY

DEPARTMENT OF EDUCATIONAL ADMINISTRATION

EDMONTON, ALBERTA

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Implementation of CNA Standards for Nursing Administration submitted by Evelyn Jeanette Guillemin in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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Date: May 18, 1990

DEDICATION

To my husband Jean-Paul, and my children, Stephanie Marie and Alexis Henri. Their constant support and encouragement provided inspiration for a memorable year of study away from home and prepared the way for the completion of this research.

ABSTRACT

The purpose of this study was to examine the process of policy implementation through the identification of factors influencing an organization and strategies for nurse administrators to consider in order to implement a position paper articulating the role of and standards for nurse administrators. Data were collected through the use of a policy Delphi methodology. Study participants consisted of an advisory panel of nurse administrators in acute care and long-term care, urban and rural settings in Alberta and a reaction panel of senior nurse administrators from teaching hospitals across Canada. The advisory panel provided data for three-rounds of questionnaires which identified factors expected to influence an implementing organization; rated the factors regarding their degree of influence, importance and impact, and recommended strategies for implementation. The reaction panel provided data regarding the degree of impact of the factors and also recommended strategies for implementation.

The major findings of this study suggested that governance factors were considered to have the highest degree of influence on the implementation process followed closely by political, implementor, economic and regulatory factors. The chief nurse administrator was considered to be the primary factor in the implementation process. Two major influences of process and issues were identified as well as ten areas of influence requiring action or resolution to initiate the implementation process. The greatest area of influence in relation to the chief nurse administrator was perceived to be professional domain, followed by creative resource priority setting and health consumer expectations.

Study participants recommended 302 implementation strategies which addressed each major influence and area of influence. The study findings also suggested that nurse administrators from both the advisory and reaction panel demonstrated a high degree of agreement while rating major factors for their degree of impact on the chief nurse administrator.

Conclusions were drawn regarding the organizational setting, the conceptual framework utilized in the study and the efficacy of the policy Delphi. Implications were proposed in the form of ten propositions with specific strategies for action. Implications for nursing colleagues were presented and future research suggested.

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CHAPTER I

INTRODUCTION

This research focused on policy implementation and in particular, the identification of environmental factors influencing an organization and possible strategies for implementing a policy to address a priority of the Canadian Nurses Association (CNA), the promotion of high standards for nursing administration. Publication of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration articulated desirable standards for Canadian nurse administrators. In particular, the position paper addressed complex issues confronting nurse administrators, clarified the role of the nurse administrator and identified standards for nursing administration. Implementation of the recommendations of the position paper would promote standards for nursing administration as well as provide direction for nurse administrators for initiating and managing change within a rapidly transforming health care system.

This chapter examines the conceptualization of the research. First, the background to the problem is presented. Next, the statement of the problem is delineated and the purpose of the research is described. Then, the significance of the research is noted. A definition of terms is presented, the delimitations and limitations of the research are identified, and assumptions stated. The chapter concludes with an overview of the organization of the research.

Background to the Problem

Nursing is part of the health care system which operates in a complex technological, economic, social and political environment. Dramatic changes within these environments have occurred in the past ten years that have influenced the process and focus of health care delivery. Social changes, professional and organizational changes and changes in the approach to nursing management are widespread and impact nurses across all health care settings. In addition, there is increased governmental and consumer involvement in health care decision making. Epp (1986) suggested that shifting family structures, an aging population and wider participation of women in the paid work force are changes which are irreversible and create additional pressures for new kinds of social support. All of these changes have brought challenges and new opportunities to nurse administrators wherever nursing services are provided. More important, the nature of nursing administrative practice has shifted and broadened as a result of these factors.

The primary goal of organized nursing services is the provision of the highest quality of care possible to the public. To accomplish this goal, nurse administrators need to base their administrative practice on approved professional standards. In addition, they need to be educationally and experientially prepared to carry out the responsibilities of their position and skilled at responding to external and internal factors influencing their organization.

Approximately 31,000 nurse administrators direct the services of 210,773 registered nurses and 189,000 support employees in all health care organizations across Canada (Lemieux-Charles and Lamb, 1986). In

1986, 83% of nurse administrators in Canada had no formal educational preparation beyond an initial diploma program in nursing (Lemieux-Charles and Lamb, 1986). Of this group, those holding the position of director and of associate or assistant director, only 24.5% held a baccalaureate degree and 6.2% held a master's or higher degree (Baumgart and Larsen, 1988:53). The availability of registered nurses for administrative positions with advanced educational qualifications is very limited and of long standing concern for the nursing community.

In response to this concern, the CNA in 1983 prepared a position paper on The Role of the Nurse Administrator and Standards for Nursing Administration. This position paper clarified the role of the nurse administrator for various administrative levels, articulated desirable standards for nursing administration and delineated specific criteria for achieving each standard. Glass, President of the CNA, recommended that:

> The position paper be circulated widely because of the urgent need for its implementation and its crucial significance at a time when the whole health care system in Canada is undergoing review. There is no doubt that nurse administrators will play a vital role in the direction health care will take in the future. (CNA, 1983, preface)

In Fall 1984, an Ad Hoc Committee on Nursing Administration was established by CNA (1985) to develop a national plan of action for nursing administration in Canada. The major purpose of the plan was to outline goals, objectives and strategies to promote high standards of nursing administration. In particular, the national plan outlined specific strategies for the implementation of the position paper. Underlying this activity was the recognition that many of the strategies would involve changes in philosophy, attitudes and approaches held by nurse executives (CNA, 1985:2). Given this condition, coupled with limited distribution of the paper, and the knowledge that the majority of the implementation strategies were too broadly defined and designated as the responsibility of the CNA or Provincial/ Territorial Association, little progress was evident regarding the actual implementation of the position paper. Except for a study carried out by Guillemin (1987) to determine the level of use of the 1983 position paper, a literature review of Implementation of Standards for Nursing Administration research did not reveal any studies which addressed this issue.

Recent responses from select interest groups and input from national association groups prompted a review and updating of the 1983 position paper. In February 1988, a revised position paper on The Role of the Nurse Administrator and Standards for Nursing Administration was accepted by the CNA Board of Directors. This revised paper addressed the role of the nurse administrator, standards for nursing administration and criteria for achieving each standard. If adoption of the 1988 position paper is to be achieved, it would seem reasonble to suggest that nurse administrators need more specific strategies than those outlined in the national plan to facilitate the process of implementation. Do nurse administrators know which internal and external factors impede or facilitate the implementation process in their organization? Do nurse administrators know which factors have the greatest degree of influence on the implementation process? Which strategies can nurse administrators utilize for effective implementation? Which data collection method structures group communication to deal with a complex problem in an efficient and anonymous manner? Answers to these questions would provide nurse administrators with assistance in implementing the recommendations of the 1988 position paper.

Structuring the inquiry through a policy Delphi approach would provide nurse administrators with the appropriate climate to explore their ideas and opinions regarding strategies for effective implementation of the recommendations of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration.

Statement of the Problem

The 1988 CNA position paper articulates desirable standards for Canadian nurse administrators. Since there is little evidence of actual implementation of the recommendations of the position paper, the process of policy implementation should be explored as a way of identifying strategies for effective implementation.

Purpose of the Research

The overall purpose of this research is to increase the understanding of the process of policy implementation as it relates to the implementation of the 1988 CNA position paper. The specific objectives of this research are as follows:

1. To describe the events which led to the formulation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration.

2. To identify environmental factors influencing an organization and possible strategies for effective implementation of the recommendations of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration, as perceived by nurse administrators responsible for implementation.

Significance of the Research

Nursing leaders have always recognized the need for competent nurse executives. This expressed need is based upon the premise that excellence in nursing administrative practice creates and enhances an environment which provides the highest quality of care to society (CNA, 1985). Creating a climate of excellence is facilitated by the nurse executive who possesses appropriate educational and experiential preparation. In order to maintain a climate of excellence, a nurse executive's administrative practice needs to be based upon standards which express desirable nursing administration. Adoption and implementation of practice standards contributes to the continued improvement of nursing administrative practice as well as facilitating the achievement of ensuring quality service for the public.

The study of policy implementation is therefore significant in that it contributes to our understanding of factors which influence the implementation process and hence the way one thinks about developing solutions for problems related to policy implementation. In addition, the study of the implementation of policy contributes to the overall field of public policy research and, in particular, the policy process. Specifically, this study has significance for the nursing profession as nurse administrators look for recommendations for implementing the 1988 CNA policy statement on standards for nursing administration.

This research provided a mechanism for nurse administrators from acute and long term care, urban and rural settings and senior nurse administrators from teaching hospitals across Canada to recommend strategies for effective implementation of the 1988 CNA position paper. The findings have significance for urban and rural nursing administrators in hospitals of varying acuity to use, to initiate and manage change. In addition, this research has significance for the CNA, the initiator of the position paper and National Plan of Action as an inventory of strategies to address implementation concerns.

The research has significance for the International Council of Nursing (ICN) as ICN looks for broad direction for its quadrennial mandate of Nursing: A New Tomorrow and specifically for recommendations regarding standards for practice. In summary, this research has significance from a national and international nursing perspective as well as for nurses in the province of Alberta.

Definition of Terms

Nursing Administration: A process through which organized nursing service fulfills its purpose and contributes to the achievement of comprehensive health care.

Nursing Administrative Practice: The context in which managerial roles and functions are carried out.

Nurse Administrator:

First-Line Nurse Administrator: A nurse who is responsible for administering nursing services to clients in a single unit within a health care facility.

Middle Nurse Administrator: A nurse who is responsible for administering nursing services to clients in several units within a health care facility and supervises the beginning nurse administrator.

Senior Nurse Administrator: A nurse who has overall responsibility for the delivery of nursing services within a health care facility, and who heads the nursing department.

Advisory Panel: Selected nurse administrators responsible for implementation strategies who will generate initial data for three rounds of delphi questionnaires.

Reaction Panel: Selected senior nurse administrators responsible for the overall delivery of nursing services who will recommend implementation strategies.

External Influencing Factor: A specific condition associated with economic, ecological, social, political, regulatory, demographic, or technological activity which contributes to a result.

Internal Influencing Factor: a specific condition associated with governance, implementor, substructure or subsystem which contributes to a result.

Implementation: A process commencing with the introduction of a policy statement at the organizational level and ending with acceptance and compliance.

Delimitations

The study is delimited in the following ways:

1. The study participants are delimited to nurse administrators.
2. The study advisory panel is delimited to nurse administrators employed in urban and rural acute care and longterm care organizations and currently responsible for implementation.
3. Geographically, the advisory panel is delimited to Calgary and its surrounding area.
4. A reaction panel is delimited to senior nurse administrators of teaching hospitals, employed in the most senior nursing position and responsible for the overall delivery of nursing services.
5. Geographically the reaction panel is representative of selected senior nurse administrators in Canada.

Limitations

There are several major limitations to this study.

1. The participants of the study are relatively small in number of individuals available to be selected and therefore may not be representative of nurse administrators.
2. The variable nature of the work of senior nursing administrators is a factor of the ability of these participants to participate and remain committed to a study of this kind.
3. Researcher bias of an unconscious nature may be introduced during the selection of participants, construction of questionnaires and interpretation of data.

4. Limited knowledge regarding policy implementation is available. This may be a determinant in generating preliminary factors for nurse administrators to respond to in round one of the Delphi.

Assumptions

1. The present state of knowledge about policy implementation is limited.

Organization of the Research

This research report has been organized into six chapters, including this introduction.

Chapter 2 provides a review of collateral literature and selected research pertaining to policy implementation, the role and educational preparation of nurse administrators and standards for nursing administration. The conceptual framework guiding the study is described.

Chapter 3 describes the research framework and design for the study which includes the description of the historical data collection, a description of the policy Delphi technique and the outcome of a pilot and subsequent field tests.

Chapter 4 provides a description of the historical data collected.

Chapter 5 describes nurse administrators' perceptions of policy implementation through a description and analysis of the findings of three rounds of policy Delphi questionnaires.

Chapter 6 provides a summary of the study, conclusions and implications based upon the findings of the research. Recommendations for future research are suggested.

CHAPTER II

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Three bodies of literature were deemed relevant to the theoretical context of this study. Literature from writings on public policy and in particular policy implementation provided the major background for this study. Initially a policy sciences perspective was explored, then attention was directed toward the policy process, policy, and policy implementation. A working definition of policy and policy implementation was proposed. The frameworks of Sabatier and Mazmanian (1979) and Newcombe and Conrad (1981) were further explored.

Attention was then directed toward nursing administrative literature and research addressing the role and educational preparation of nursing administrators. A Canadian, an American and a futures perspective provided the information required to address the research question.

Discussion was also directed toward a review of literature addressing standards for nursing administration and their justification, thereby providing the rationale for the study. The conceptual framework for the study is provided in the final section of this chapter.

A Policy Sciences Perspective

Policy sciences is a broad discipline, the domain of which is still fluid and the boundaries of which are not easy to define (Dror, 1975:6).

Policy sciences, policy studies, policy analysis and policy research are terms commonly used to describe the field as a whole. Definitionally, there is little consistency in the terms employed by various writers (Dror, 1971; Dunn, 1981; Dye, 1976; Nagel, 1975, 1984) with most authors in the field seeking to avoid definitional debate (Ham and Hill, 1984:4).

Harold Lasswell (1971:3), one of the founders of policy sciences identified three characteristics of the discipline. These include a policy application and orientation; an emphasis on contextuality; and a multidisciplinary approach. The "policy sciences" therefore were not only confined to the aims of science but also had a fundamentally practical orientation (Dunn, 1981:19). Lasswell's (1970:3) conceptual framework for policy sciences included two "entwined frames of reference: knowledge _of_ the policy process and knowledge _in_ the policy process."

Dror (1971:89) identified the main goal of policy sciences as the improvement of policymaking... policies which achieve more effectively and more efficiently goals and values, after full value consideration. Lisle (1987:473) suggested the pursuit of broader goals: the advancement of knowledge and the betterment of human well-being. Underlying this pursuit was an expectation that all research studies would be founded on a firm basis of scholarship and knowledge about mankind and society.

To "nurture and structure" the policy sciences discipline, Brewer (1974) proposed agendas for both the policy process and policy issues. According to de Leon (1981:2) the present ubiquity of policy analysis is evidence of Brewer's success.

Schneider et al (1982:100) suggest that although the policy field is multidisciplinary and problem-oriented, there is little agreement about what policy inquiry is or should be. Brunner (1982:115) charges that such an evaluation of policy sciences is based on a narrow conception of science that emphasizes quantitative and rigorous methods and overlooks qualitative and exploratory methods. Brunner suggests that policy research be problem-oriented, contextual and integrate multiple methods.

At present, the state of policy sciences is widely practiced and generating a vast amount of information about a wide range of issues. This proliferation is of concern to de Leon (1981:4) who suggests that the discipline is positioned at a critical intellectual and professional junction to act. He recommends movement away from policy analyses and case studies to a more general understanding of the policy process and its components. Specifically de Leon (1981:5) calls for greater development of knowledge in the policy process and knowledge of the policy process. Such action, would continue to maintain the intellectual and professional roles of policy sciences.

In the context of the research problem addressed in this study, there appears to be strong evidence for assuming a policy science perspective for directing an examination of the policy process and in particular, implementation.

The Policy Process

A review of literature pertaining to the policy process revealed that the stages or components of such a process are complex in nature and interdependent.

Tymko (1979:4) addressing the area of public policy implementation generated a linear model depicting five phases of the policy process over "one generation." These phases include problem awareness; policy development; policy statement; policy implementation; and policy outcomes. Movement through the process requires the assistance of four functions: analysis; planning and design; control; and assessment. Equally important is the continual influence of the environment on all five phases of the process. Tymko's model generated questions to explain why particular policy consequences were different from those anticipated by policy makers.

Nakamura and Smallwood's (1980:27) interest in the politics of policy implementation generated a contemporary model of the policy process. Their model, a deviation from the classical model of policy makers, bureaucrats and social scientists viewed the policy process as an:

> open, cyclical system of functional environments - policy formulation, policy implementation, and policy evaluation - each of which contains a variety of actors and arenas and each of which is connected to the others by various communications and compliance linkages.

The key to understanding the process according to Nakamura and Smallwood (1980:181) is a recognition:

> that the policy implementation process is characterized by a complex series of diverse linkages among policy makers, implementors and evaluators and that a high degree of political judgement and

> leadership is required to tie this system into an integrated whole.

Ham and Hill (1984:8) examined the policy process in a modern capitalist state and defined studies of policy process:

> in which attention is focused on the stages through which issues pass and attempts are made to assess the influence of different factors on the development of the issue.

Dror (1983:x) presents a more cautious view of policy making than those of the preceding authors. Dror states that:

> policy making should be viewed as an existential phenomenon, or phenomenon cluster, much too complex and dynamic to be fully caught in concepts, models, and theories.

Dror (1983:xiii) further explains that:

> policymaking cannot be studied as a whole, but has somehow to be broken up and divided into segments that can be conceptualized and investigated. On the other hand, nonunderstanding of policy as a whole casts doubts on the validity of knowledge derived from policymaking segments. Multiplicity of antinomies in policymaking and interweaving of policymaking with other sociopolitical processes further strengthen this (unsolvable) dilemma.

Dror (1983:xiv) does however, suggest several approaches to the study of policymaking which have implications for this study. Dror suggests:

1. Progressively better knowledge and understanding are all that can be aimed at.
2. Multiplicity of approaches are needed to grasp different aspects of policymaking.
3. Working on particular aspects of policymaking within defined disciplines... can be relatively easily designed and judged.
4. Historical studies... yield additional knowledge on policymaking.

From the foregoing, it is apparent that divergent viewpoints exist among scholars within the field regarding identification of the variables of the policy process. However, there appears to be some consensus for the concept of complexity and interdependence between and among components of the policy process. From the literature review it would appear that many steps have been taken towards identifying generalizable traits and important differences of the policy process. Cumulation is now required to begin to piece together the essential components inorder to contribute to theory building.

Policy Implementation: Definitions

Definition of Policy

In that the central problem of this study is policy implementation, a definition of policy is required. As stated earlier, policy has been defined in many different ways, depending upon the author and context. Guba (1984:64) suggests eight different definitions of policy based upon policy types, policy determiners, proximity to the point of action, and policy complexions. Guba's definitions range from considering policy as an assertion of intents or goals through the effect of the policymaking and policy implementing system as it is experienced by the client. Guba (1984:70) suggests:

> that any policy definition must be admitted so long as the proposer can make a rational case for its usage... (but) the particular definition... should depend on the purpose.

Ham and Hill (1984:101) suggest that policy is a slippery concept and only emerges through an elaborate process which includes those stages described as implementation. Wildavsky (1979:387) reminds one that policy is a process as well as a product and the difficulties of distinguishing it from its implementation.

Anderson (1978:20) while discussing the logic of public problems, defined policy as a conscious contrivance, reflecting human purposiveness and... in some sense a moral act. This modern day definition has at its very heart a normative element. Anderson suggests the need for treating the normative assumptions underlying policy decisions as a key variable in an attempt to "unravel the subtle interactions between political culture and public policy predispositions." The normative element, described by Anderson, has relevance for this research. Any policy statement concerned with expressed outcomes for society, needs to reflect the norms and values of that society.

For the purposes of this study, policy is viewed as a statement of intent emerging from a process which reflects the desired outcomes of society and the means by which these outcomes will be achieved (Pressman and Wildavsky, 1973).

Definition of Policy Implementation

Examination of the policy process suggests that it is made up of complex and interdependent stages. Most writers in the field make distinctions between "the stages and in particular between policymaking, policy implementation and the evaluation of policy outcomes" (Ham and Hill, 1984:96).

For those who make the distinction, implementation is defined in terms of a relationship to policy. Pressman and Wildavsky (1973:143) suggest the necessity:

> to make the difficulties of implementation a part of the initial formulation of policy. Implementation must not be conceived as a process that takes place after, and independent of, the design of policy. Means and ends can be brought into somewhat closer correspondence only by making each partially dependent on the other.

Similarly Van Meter and Van Horne (1975:445) define policy implementation as:

> those actions by public or private individuals that are directed at the achievement of objectives set forth in prior policy decisions.

Sabatier and Mazmanian (1979:482) in a prescriptive manner, identify specific conditions for a statute to assume in order to structure implementation and thereby accomplish the statute objectives. These conditions are one of three broad categories that Sabatier and Mazmanian (1981:6) identify in a framework of variables involved in the implementation process. According to Sabatier and Mazmanian, the categories of factors that affect the achievement of statutory objectives throughout the implementation process include: (1) the tractability of the problem(s) being addressed by the statute; (2) the ability of the statute to favorably structure the implementation process; and (3) the net effect of a variety of "political" variables on the balance of support for statutory objectives. The entire framework distinguishes the categories of factors from the stages of implementation. Each of the stages can affect subsequent ones, hence a high degree of interdependence.

Newcombe and Conrad (1981) while examining the conditions that facilitate the effective implementation of federal mandates in institutions of higher education identified the stages of implementation and categories of variables affecting the implementation of federal mandates. The stages of implementation include: (1) infusion; (2) preparation and policy formulation; (3) trial and transition; and (4) policy execution. The categories of variables affecting the rate and degree of progress through the various stages of implementation include administrative leadership, the use of facilitative substructures, conditions of institutional subsystems and governmental intervention. Both of the above mentioned frameworks have relevance for this research study.

In a more recent vein, Vogel (1987:136-137) suggests a new perspective of the implementation process. Vogel, while reviewing the literature of the comparative study of environmental policy, points out that implementation is not only enforcement but also the administration of regulation. Although the statutes issued by the various legislative authorities may provide general directions and guidelines, most of the specific policy determinations are made by administrators. Vogel acknowledges that in recent years, policy analysts have begun to perceive and recognize the existence of an "implementation gap." Thus, when Hargrove (1975) first identified the "missing link" in the policy process as that of implementation, today others are identifying another gap within the process of implementation itself. Knowledge of the existence of an implementation gap is of interest to this study.

From the foregoing, and for the purposes of this study, policy implementation is viewed as the carrying out of a basic policy decision which has identified the issues to be addressed, stipulates the objectives to be pursued and structures the implementation process through stages of organizational introduction, preparation, trial and transition, and acceptance and compliance (Newcombe and Conrad, 1981; Sabatier & Mazmanian, 1979).

Policy Implementation

The study of the implementation of public policy is a rapidly growing scholarly enterprise. As Berman (1978:158) predicted:

> The next five years are likely to witness an outpouring of case studies reiterating the familiar conclusion: the best laid plans of social reform invariably go astray.

Indeed a number of scholars confirmed the hard reality of serious breakdowns in the policy implementation process through numerous case studies (Nakamura and Smallwood, 1980:12).

Goggin (1986:328) describes first generation studies of implementation as detailed accounts of a single authoritative decision being carried out at either one location or at multiple sites. These first generation authors were very pessimistic about the ability of governments to effectively implement their programs. Indeed, Pressman and Wildavsky's (1973) seminal work is subtitled "How Great Expectations in Washington are Dashed in Oakland." Other authors such as Alexander (1982), Bardach (1977), Berman and McLaughlin (1976), Edwards and Sharkansky (1978), Elmore (1978), and Smith (1973) share this viewpoint.

Second generation studies were more analytical and comparative, and stressed the political as well as managerial dimensions of implementation behavior (Goggin, 1986:328). Many of these studies sought to explain variation in implementation success across programs by reference to specific variables (Sabatier, 1986:21). Conceptual integration for the analysis of policy implementation (Sabatier and Mazmanian, 1981:4) has been provided by a number of authors from various disciplines. Authors including Bardach (1977), Berman (1978), Fullan (1982), Fullan and Pomfret (1977), McLaughlin (1976), Montjoy and O'Toole (1979), Nakamura and Smallwood (1980), Rein and Rabinovitz (1978), and Scheirer and Rezmovic (1983) contributed to a more "eclectic view" of implementation according to Goggin (1986:328). This position was expressed earlier by Berman (1978:158):

> Reviewing a wide sample of these retrospective studies leaves one feeling somehow wiser but still very uncertain as to how to apply this wisdom in other than the special circumstances already past.

Other second generation authors have "applied this wisdom" from individual studies to a larger context to propose schematic frameworks for the analysis of the process of implementation. These authors include Goggin (1986), Newcombe and Conrad (1981), Sabatier and Mazmanian (1979, 1981), and Van Meter and Van Horn (1975). According to Goggin (1986:329) much has been added to our knowledge of what implementation is and how and why it varies as it does as a result of this work.

In spite of this progress, Alexander (1982:135) poses the question whether there are intrinsic limits on the understanding of implementation. If one views implementation as an open-ended process stretching back into history, as well as acknowledging the complexity of the process, then such a view according to Alexander constrains the articulation of a neat and clear explanatory framework.

A greater concern, as identified by O'Toole (1986:182) in a comprehensive review of the implementation literature is an absence of an implementation theory that commands general agreement, with researchers continuing to work from diverse theoretical perspectives and to employ different variables to make sense of their findings. Diverse theoretical approaches were also identified by Sabatier (1986:22) as a concern. Early writers maintained a "top-down" approach to examining the policy decision and the extent to which its legally-mandated objectives were achieved over time and why. More recently a "bottom-up" approach arose as a response to perceived deficiencies of the "top-down" perspective. According to Sabatier (1986:2) the bottom-up approach:

> started with an analysis of the multitude of actors who interact at the operational (local) level on a particular problem or issue. In the process, the familiar policy stages of formulation, implementation, and reformulation tended to disappear. Instead, the focus has been on the strategies pursued by various actors in pursuit of their objectives. Such studies have shown that local actors often deflect centrally-mandated programs towards their own ends.

Concerned with which approach to use, Sabatier (1986:37) suggests a top-down approach when:

1. There is a dominant piece of legislation structuring the situation.
2. Research funds are very limited, one is primarily interested in mean responses.
3. The situation is structured at least moderately well.

In contrast, the bottom-up approach is suggested when:

1. There is no dominant piece of legislation but rather large numbers of actors without power dependency.
2. One is primarily interested in the dynamics of different local situations.

O'Toole (1986:197) suggests that although normative disagreement is evident of both approaches, "neither has a monopoly on wisdom." O'Toole further states:

> that it seems unlikely that empirical research will eliminate the gulf in the suggestions between the two groups.

Concerned with building upon the strengths of divergent theoretical perspectives, O'Toole (1986:204) recommends:

> efforts that aim to build upon the strengths of and contextual questions implied by the separate perspectives. Attempts of this type such as those recently initiated by Sabatier (1986) should receive attention and support.

Elmore (1985:33-70) proposes an integrated approach to divergent theoretical perspectives by suggesting that:

> policy-makers need to consider both the policy instruments and other resources at their disposal (forward mapping) and the incentive structure of ultimate target groups (backward mapping) because program success is contingent on meshing the two.

Elmore's suggestion to use multiple perspectives for designing and in particular implementing policies has relevance for this research study.

O'Toole's concern for a lack of an empirical theory of implementation is a result of three major issues. These issues according to O'Toole (1986:184) are the inability of implementation researchers to agree upon what constitutes the subject of their inquiry; what variables are crucial to implementation success; and what constitutes success particularly in the multi-actor setting. Concerned for advancing the state of the field, O'Toole (1986:204) following an extensive review of empirical literature on implementation recommends the work of Sabatier and Mazmanian (1979, 1981) as promising and worthy of more careful testing and development. O'Toole further states that the work of Sabatier and Mazmanian provide particularly clear and thoughtful examples of the top-down approach and have already stimulated preliminary attempts at testing and replication.

The Sabatier and Mazmanian Framework

The Sabatier and Mazmanian (1979, 1981) conceptual framework of the implementation process is a result of early undertakings by Bardach (1977), Berman (1978), Rein and Rabinovitz (1977), and Van Meter and Van Horn (1975).

Rein and Rabinovitz (1977:309-315) define implementation as:

> a declaration of government preferences mediated by a number of actors who create a circular process characterized by reciprocal power relations and negotiations.

Three conflicting imperatives dominate the implementation process according to Rein and Rabinovitz and require reconciliation. These imperatives are as follows:

1. Legal Imperative - respect for legal intent.
2. Rational-Bureaucratic Imperative - what form a bureaucratic point of view is morally correct, administratively feasible and intellectually defensible course of action.
3. Consensual Imperative - to do what is necessary to attract agreement among contending influential parties who have a stake in the outcome.

Rein and Rabinovitz's emphasis on bureaucratic and consensual imperatives suggested to Sabatier and Mazmanian (1981:4) the need to view implementation from the standpoint of the strategizing behavior of various actors.

Berman (1978:160) defines implementation as the carrying out of an authoritative decision and implementation analysis as the study of the conditions under which authoritative decisions lead to desired outcomes. Berman's (1978:157) analysis of the stages of federal social programs lead him to suggest that federal macro-implementation problems are distinguishable from local micro-implementation problems but the effective power to determine a policy's outcome rests with local deliverers and not with federal administrators.

Berman's emphasis on mutual adaptation suggested to Sabatier and Mazmanian (1981:4) the need to view implementation as a series of:

> adjustments that programs go through as they wind their way through federal bureaucracies resistant to change and local service delivery organizations that are sensitive to their immediate political

> environments and to the desires of "street-level" professionals.

Bardach (1977:36) defines implementation as an assembly process requiring the putting together of a machine and making it run. In Bardach's (1977:56) analysis the putting together of the machine is an exercise in control through:

> bargaining, persuasion and maneuvering under conditions of uncertainty. "Control" resolves into strategies and tactics - hence the appropriateness of "games" as the characterization of the "control" aspects of the process.

Bardach's metaphor of games serves a dual purpose:

> It directs us to look at players, what they regard as the stakes, their strategies and tactics, their resources for playing, the rules of play (which stipulate the conditions of winning), the rules of "fair" play (which stipulate the boundaries beyond which lie fraud or illegitimacy), the nature of the communications (or lack of them) among the players, and the degree of uncertainty surrounding the possible outcomes. The game metaphor also directs our attention to who is not willing to play and for what reasons, and to who insists on changes in some of the game's parameters as a condition for playing.

Bardach's focus on obstacles to realization of statutory objectives led Sabatier and Mazmanian (1981:4) to conceive of implementation as a series of games involving the efforts of numerous semiautonomous actors.

Van Meter and Van Horn (1975:447) define implementation as:

> those actions by public and private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions.

This definition, like Pressman and Wildavsky (1973), views implementation as a linear process directed by prior policy decisions. Van Meter and Van Horne's (1975:463) model of the policy implementation process is based on categories that influence the link between policy and performance. These categories include:

1. Policy standards and objectives,
2. Policy resources,
3. Communications,
4. Enforcement,
5. Disposition of implementors,
6. Characteristics of the implementing agencies,
7. Political environment,
8. Economic and social environment.

Van Meter and Van Horne's focus on variables that affect the delivery of public services and issues that influence the actors suggested to Sabatier and Mazmanian (1981:4) a systems model of the implementation process involving factors affecting program performance.

According to Sabatier and Mazmanian (1981:5) the work of Bardach (1977), Berman (1978), Rein and Rabinovitz (1977) and Van Meter and Van Horne (1975) has provided a reasonable overview of the complexity of policy implementation as well as the factors that impede or facilitate the process. However, these efforts have their limitations according to Sabatier and Mazmanian (1981:5). The following are the concerns they identified:

1. More of an effort is needed in conceptualizing and empirically exploring the linkage between individual behavior and the political, economic, and legal context in which it occurs.
2. All of the existing frameworks seriously underestimate the ability of a statute to "structure" the implementation process. (In particular) they neglect the capacity of a statute to determine the number of veto/clearance points, the formal access of various actors to the implementation process, and, to some extent, the probable policy predispositions of implementation officials.
3. None of the available frameworks explicitly addresses what might be termed the "tractability" or solvability of the problem(s) addressed by a public policy.
4. The frameworks of Berman and Van Meter and Van Horn apply only to programs that seek to distribute goods and services.
5. The Van Meter and Van Horne framework suffers from the traditional defects of abstract systems models... amorphous categories rather

> than variables that can be easily operationalized... and does not identify which variables are controlled by various actors... therefore unlikely... of much use to policy practitioners.

Sabatier and Mazmanian's (1981:7) solution to these limitations is a second generation framework which addresses the factors that affect the achievement of statutory objectives throughout the entire implementation process. In particular, Sabatier and Mazmanian's framework identified: (1) the tractability of the problem(s) being addressed by the statute; (2) the ability of the statute to structure implementation; (3) the nonstatutory variables affecting implementation; and (4) the stages of implementation. Figure 1 depicts Sabatier and Mazmanian's (1981) framework of variables involved in the implementation process.

Within Sabatier and Mazmanian's framework were six crucial but sufficient conditions for a statute to achieve its goals. Sabatier and Mazmanian (1981:29-30) identify these conditions to be:

1. Clear and consistent objectives.
2. Adequate causal theory.
3. Implementation process legally structured to enhance compliance by implementing officials and target groups.
4. Committed and skillful implementing officials.
5. Support of interest groups and sovereigns.
6. Changes in socio-economic conditions which do not substantially undermine political support or causal theory.

A Framework of Analysis

Source: Sabatier and Mazmanian (1981:7)

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The Sabatier and Mazmanian framework has significance for this research study for several reasons. The framework, according to Sabatier (1986:23) is a useful example of the top-down approach and has been subjected to extensive empirical testing and is viewed as a leading example of this approach. The formulation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration utilized a top-down approach which resulted in clear and consistent objectives based on substantial causal theory. This framework suggests the conditions or variables for structuring a dialogue among nurse administrators to recommend strategies for implementing a position paper promoting standards for nursing administration.

As a result of Sabatier and Mazmanian's findings, five broad categories of variables were identified in the external environment of an implementing organization for inclusion in a dialogue. These variables were political, economic, technological, social, and regulatory. As well, two broad categories of variables were identified in the internal environment of the organization for inclusion in the dialogue. These variables were identified as governance and implementor.

Mindful of the value of utilizing multiple perspectives for viewing the process of implementation (Berman, 1978, and Elmore, 1985) and the earlier acknowledgement of an "implementation gap" (Vogel, 1987) this study sought to provide a more definitive view of the process of implementation in an organization expected to carry out a position statement. Newcombe and Conrad's (1981) study of a theory of mandated academic change provides the required perspective.

The Newcombe and Conrad Framework

Newcombe and Conrad (1981) concerned with implementing federal mandates in institutions of higher education identified the conditions that facilitate effective implementation and definitive stages of the implementation process. Four major frameworks guided their research: the complex organization, the diffusion of innovations, the planned change, and the political. Each framework focused on a particular aspect of change including the formal organization, communication, planning, and power. Using a grounded theory approach and an initial population of thirteen public colleges and universities, a theory of mandated academic change was developed and refined.

Newcombe and Conrad (1981:559) identified four consecutive stages of implementation which include: infusion, preparation and policy formation, trial and transition, and policy execution. They suggest institutional progress through the stages of implementation is dependent upon four categories of variables including administrative leadership, the use of facilitative substructures, conditions in institutional subsystems, and governmental intervention.

Newcombe and Conrad's (1981:560) definition of infusion was given to mean the introduction of the mandate at the institutional level. This definition was the departure point of this research and hence their framework has relevance for this study. As well, the "implementation gap" alluded to by Vogel (1987) is addressed through the working definition of implementation adopted by these authors.

As a result of Newcombe and Conrad's findings, four broad categories of variables were identified within the internal environment of an implementing organization for inclusion in a dialogue among nurse administrators recommending strategies for implementing a position paper promoting standards for nursing administration. These variables were identified as governance, implementor, substructure and subsystem.

This review of policy related literature facilitated the placement of the research study in an appropriate domain. Strong evidence was provided for the selection of an overall policy sciences perspective. A discussion of the policy process and more specifically that of policy implementation continued to direct and refine the course selected for study. A review of the implementation frameworks of Sabatier and Mazmanian (1979) and Newcombe and Conrad (1981) identified broad categories of variables in the external and internal environments of an organization for inclusion in a dialogue among nurse administrators expected to implement a position paper promoting standards for nursing administration.

As stated earlier, this study adopted the approach of applying specific variables from selected conceptual frameworks to explore factors impacting nursing administrative practice, and to recommend strategies for implementation of a position paper. An examination of the role and educational preparation of nurse administrators is now addressed.

The Role and Educational Preparation of the Nurse Administrator

Nursing leaders concur that the professional practice of nursing is comprised of four cornerstones: nursing research, nursing education, nursing practice and nursing administration. The Canadian Nurses Association is committed to promoting high standards for each of these four cornerstones to achieve quality nursing care for the people of Canada (CNA, 1987:1). Achieving quality nursing care is facilitated through the process of nursing administration by nurse administrators. Nurse administrators who guide their practice through standards committed to quality patient care, who acquire appropriate educational and experiential preparation, and who understand their roles and responsibilities, enhance nursing administrative practice. To fully comprehend the role and educational preparation required of nurse administrators for effective nursing administration, a selective review of literature was undertaken.

This review focused predominately on literature as it pertains to "the nurse within the organization employed in the most senior nursing position," (Alberta Association of Registered Nurses and Alberta Hospital Association, 1984a) as well as middle and first-line nurse administrators. The review further focused on sources primarily published in the 1980's. This approach was selected in light of the dynamic and evolving role of nurse administrators, and the importance of considering more contemporary works related to this topic.

Canadian reports and documents served as primary sources for examining the scope of nursing administrative practice to facilitate the identification of the role and educational preparation required by nurse administrators for effective functioning. As this study was carried out within the Canadian health care delivery system, there was a desire to preserve this viewpoint. Non-Canadian works were also reviewed to a lesser extent to provide further perspective to facilitate the identification of the role and educational preparation of nurse administrators. The review was organized to include a Canadian perspective, American perspective and a futures perspective.

A Canadian Perspective

Major Canadian reports and documents addressing the scope of nursing administrative practice have been selected for review to identify the role and educational preparation required by nurse administrators to function effectively.

Canadian Nurses Association Documents

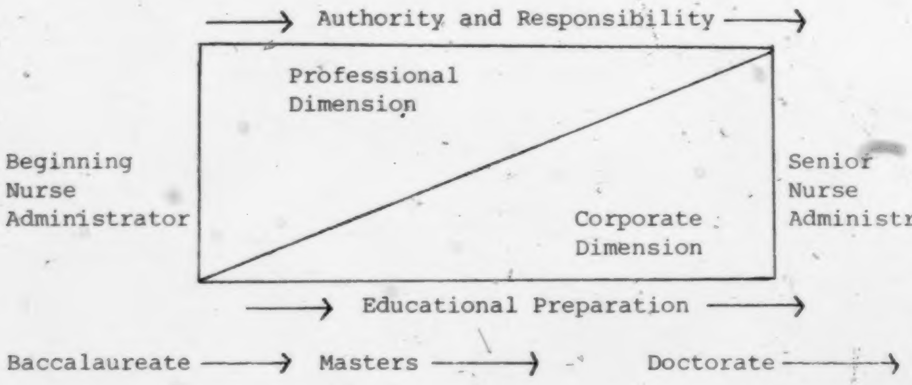
Leatt (1981), commissioned by the CNA to examine the issue of education for nursing administration, produced a discussion paper which: (1) described the current status of education for nurse administrators; (2) identified critical issues and concerns about educating persons for senior positions in nursing administration; and (3) outlined possible strategies for the future. Leatt's suggested recommendations were based upon a description of the context of nursing administration, the role of the nurse administrator, standards for nursing administration and trends in Canadian hospitals.

The importance of this discussion paper was threefold; it delineated the distinctions between the professional and corporate aspects of a nurse administrator's role; it provided recommendations based upon a theoretical and experiential data base; and it served as the impetus for further examination of the issue of standards for nursing administration. More important was the suggestion to a multi-agency steering committee to develop a systematic plan to evaluate and design educational programs for nurse administrators. Leatt (1981:1) identified the following recommendations for further consideration by the proposed steering committee:

1. The roles of future nurse administrators at various levels must be clarified.
2. A campaign should be mounted to promote the new evolving roles of nurse administrators.
3. A national association of nurse administrators should be formed.
4. Standards for entry into practice into nursing administration should be developed.
5. Financial assistance and other incentives should be provided to senior level nurse administrators to update their knowledge and skills in areas relevant to both the professional and corporate aspects of their roles.
6. Educational programs for nursing administration should be critically reviewed to ensure that there are enough programs to fill the need for basic and advanced preparation for both the professional and corporate aspects of the role.
7. The quality of existing educational programs for nursing administration should be critically reviewed to ensure that preparation in the above-mentioned areas is offered.
8. New, innovative programs to answer hitherto unmet needs of nurse administrators should be offered nationally and regionally to update nurse administrators' capabilities for their management role.
9. Continuing education should be offered nationally and regionally to upgrade nurse administrator's capabilities for their corporate role.
10. Funds for research in nursing administration should be made available.

In response to the recommendations of Leatt's study, the Canadian Nurses Association in 1983 prepared a position paper on The Role of the Nurse Administrator and Standards for Nursing Administration. This position paper clarified the role of the nurse administrator for various administrative levels, articulated desirable standards for nursing administration, and delineated specific criteria for achieving each standard. Building upon the professional and corporate role dimensions of the nurse administrator as defined by Leatt (1981), this position paper specifically illustrated the dimensions and qualifications for nurse administrators. Figure 2 depicts the dimensions and qualifications for nurse administrators.

Figure 2: The Dimensions and Qualifications for Nurse Administrators



Progressive Administrative Experience
Source: Adapted from CNA (1983:2)

In this illustration (CNA, 1983:2) the role of the nurse administrator has two dimensions; the professional, and the corporate. The professional dimension refers to those matters related to the practice of nursing while the corporate dimension refers to those matters pertaining to the organization's administrative team. Movement from a beginning administrative role to a senior administrative role is accompanied by an increase in corporate activities and a decrease in professional dimension activities, an increase in authority and responsibility which necessitates additional educational and experiential preparation. As well, this position paper clearly articulated:

> the need for preparing for this increasingly complex role, and for nurse administrators to look for educational programs and experience which will

> provide them with advanced management skills and broaden their knowledge of professional nursing and research (CNA, 1983:3).

In 1988 an updated CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration (CNA, 1988) was published to provide a framework for nursing administrative practice. Figure 3 depicts nursing administrative practice as envisioned by CNA and illustrated in the 1988 position paper.

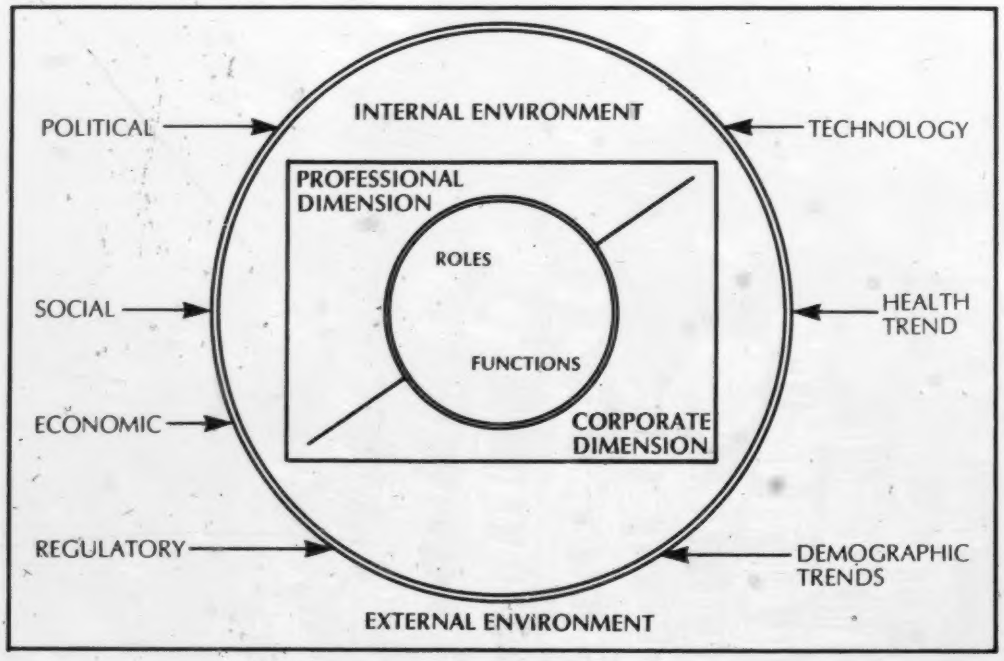


Figure 3
Nursing Administrative Practice
Source: Adapted from CNA (1988:7).

In this illustration (CNA, 1988:7), the broad context of nursing administrative practice is presented. Central to this practice are specific roles and functions as they relate to nursing. As initially stated in the 1983 position paper, the role of the nurse administrator continues to encompass both a professional and corporate dimension. The professional dimension refers to:

> the nurse administrator's knowledge and expertise with respect to professional nursing, the ability to exert leadership and to act as an advisor on nursing matters to the administrative team of the organization (CNA, 1988:5).

The corporate dimension of the role refers to:

> the nurse administrator's participation in the organization's administrative team for the purpose of determining policies, priorities, allocation of resources, and general management issues (CNA, 1988:5).

Both the professional and corporate dimension are in a state of dynamic interaction. Movement from the professional dimension towards the corporate dimension is dependent upon the administrative level as well as educational and experiential preparation. The 1988 position paper strongly endorses the baccalaureate degree as the minimal educational requirement for nursing administrative practice in addition to "examined practice and experience" (CNA, 1988:6).

The functions for nurse administrators as described in this position paper are similar to those of administration in any field. The functions are as few or numerous as the definitions that exist. The major addition to the nursing functions is the attention to nursing research and the need to incorporate this function into its practice and for the provision of opportunities to generate and integrate professional knowledge into practice.

From this discussion, the core of nursing administrative practice centers on specific roles and functions with professional and corporate dimensions. Impacting this core is an internal and external environment. The internal environment consists of the organization's philosophy, goals and objectives, substructures, subsystems and the recipients of care. The external environment consists of demographic trends, health trends or ecological factors, in addition to political, social, economic, regulatory and technological factors.

Of interest for this research study is the identification of the broad category of variables of health/ecology and demographic trends in the external environment. These variables of demography and ecology will be included in a dialogue among nurse administrators recommending strategies for implementing a position paper promoting standards for nursing administration.

Nursing administrative practice is therefore seen as an open system, responding to and influenced by the internal and external environment. The core of nursing administrative practice consists of well defined roles and functions with professional and corporate dimensions, understood by those who practice within. Preparation at the baccalaureate level is the minimum requirement for practice and for fulfilling the professional dimension of the role. Advanced preparation is required for fulfilling the corporate dimension.

Also of interest was the development of the 1985 CNA National Plan for Nursing Administration. The major focus of the action plan was to enhance leadership in nursing administration through specific goals, objectives, strategies, relevant stakeholders and target dates. Evans (1988:7) further states:

> included in this goal is the aim to enhance visibility of current leaders in nursing administration, and to support nurses with leadership potential for nursing administration. It also aims to foster

increased communication among nursing administrators and promote opportunities for leadership development.

Specific objectives of the CNA (1985) action plan include:

1. To promote implementation of the position paper on The Role of the Nurse Administrator and Standards for Nursing Administration.
2. To enhance educational opportunities available for nursing administration.
3. To enhance leadership in nursing.
4. To promote the development of research in nursing administration.
5. To increase funding to support improved preparation of nursing administrators.

Alberta Documents

The conceptual view of the corporate and professional role of the nurse administrator as proposed by Leatt (1981) formed the theoretical basis for a series of three reports produced by a joint committee of the Alberta Association of Registered Nurses (AARN) and the Alberta Hospital Association (AHA). This joint planning committee produced three documents which addressed the roles, responsibilities and educational preparation for first line nurse managers (1982), senior nurse managers (1984a), and middle nurse managers (1984b). In addressing the role of nurse managers, the joint oommittee broadened Leatt's (1981) definition of the role description to include five dimensions. These dimensions included: (1) professional; (2) administrative; (3) clinical; (4) educational; and (5) research dimensions. Each of these dimensions were further defined to include a (1) description of responsibilities; (2) knowledge required; (3) skills required; (4) support system required; and (5) possible problems. Recommendations for each dimension of the role were developed and appropriate educational preparation suggested.

The Joint AARN and AHA documents provided a comprehensive study of roles, responsibilities and educational preparation for nurse managers.

The role dimensions, as identified and addressed in these documents are inherent in the definition of professional nursing practice, therefore the approach adopted by the committee to examine the roles and associated responsibilities of nurse administrators was sound and well grounded. The recommendations regarding educational preparation for nurse managers at the first line level suggested programs beyond the diploma with preference for a baccalaureate degree. Both middle and senior managers were required to possess a baccalaureate degree with a preference for a master's degree. Senior nurse managers needed to be knowledgeable about: (1) the practice of nursing; (2) organizations and their effectiveness; (3) the health care delivery system; (4) effective communication and strategies; (5) management theory; (6) hospital administration; and (7) nursing administration. In addition to this theoretical base, appropriate experiential preparation was suggested.

The Joint Committee documents were a good beginning to address the issue of educational and experiential preparation for nurse administrators in Alberta. As well, these documents were valuable in their ability to delineate dimensions of the role of the nurse administrator. An additional contribution was the precedent set in formulating recommendations with an influential member of the provincial health care delivery system, the AHA.

Another related document of interest for this study is the 1987 *Report of the Task Force Committee on Educational Preparation for Nursing Administration in Alberta* (The University of Calgary, 1987). This committee, at the behest of the Deans of nursing from the universities of Alberta, Calgary and Lethbridge were requested to:

1. describe the theoretical knowledge and skills required in the practice of nursing administration;
2. ascertain the current and projected need for educational programmes in preparing nursing administrators;
3. design an educational model which considers both credit and non-credit programming related to the preparation of nursing administrators;
4. consider available funding of any plan in the current fiscal environment.

This report of the Task Force is presently as of January, 1990 before the respective Deans of nursing for further discussion. Of particular interest are the Task Force findings regarding the current educational preparation of nurse administrators in Alberta.

From the 1988-89 AARN registration forms a total of 2,384 nurses reported being employed in some type of management capacity. Of these, 16.4% (392) identified themselves as being at a senior management level, 56.3% (1,343) at a middle management level, and 27.3% (649) at the first line level. Of the total management group, more than 40% reported having no formal preparation beyond a basic nursing education, with 9% of these at the senior level, 56% at the middle level, and 36% at the first line level. Only 25% of this group had a basic baccalaureate degree. Of the total nurse manager group, 53% reported having a post-basic nursing education. Of these, 63% had no formal education beyond a post-R.N. certificate. Only 33% had a post-R.N. baccalaureate degree, and only 4% reported having a master's degree or higher in nursing.

Of the senior level management group, 40% reported having the minimum of a baccalaureate education, while 17% reported having a minimum of a master's degree (includes both nursing and other than nursing degree). At the middle management level, 33% reported having the minimum of a baccalaureate education. Only 5% reported having a masters or higher. At the first line level only 21% reported having the minimum of a baccalaureate degree. Less than 1% reported having a masters.

An analysis of the information presented by the Task Force indicates both a deficiency in the number of nurses in administrative positions who are formally prepared beyond the diploma level and a need on the part of these nurses to be better educationally prepared to fulfill their roles. Given the present depressed economic climate in Alberta, it can be agreed that effective administration is important. The need for well prepared nurse administrators is especially important in view of the extent of their influence over the costs associated with the provision of nursing services, and the scrutiny hospital costs undergo. Also of interest are the Task Force recommendations of knowledge/skill requirements for nurse managers who progress from positions of lesser to greater complexity. Figure 4 depicts the Task Force outline of knowledge/skill requirements for Nurse Managers.

University Schools of Nursing Documents

The Canadian Association of University Schools of Nursing (CAUSN) appointed a task group in 1983 to develop a position paper on educational preparation of nurses for administrative roles. Membership of the task group included three highly respected Deans of Canadian University Faculties of Nursing. The CAUSN (1986) position paper concerned itself with a discussion of the state of the art and science of management and administration, and educational requirements for nursing management and nursing administration. The authors suggested four core areas of study which included administration, nursing science,

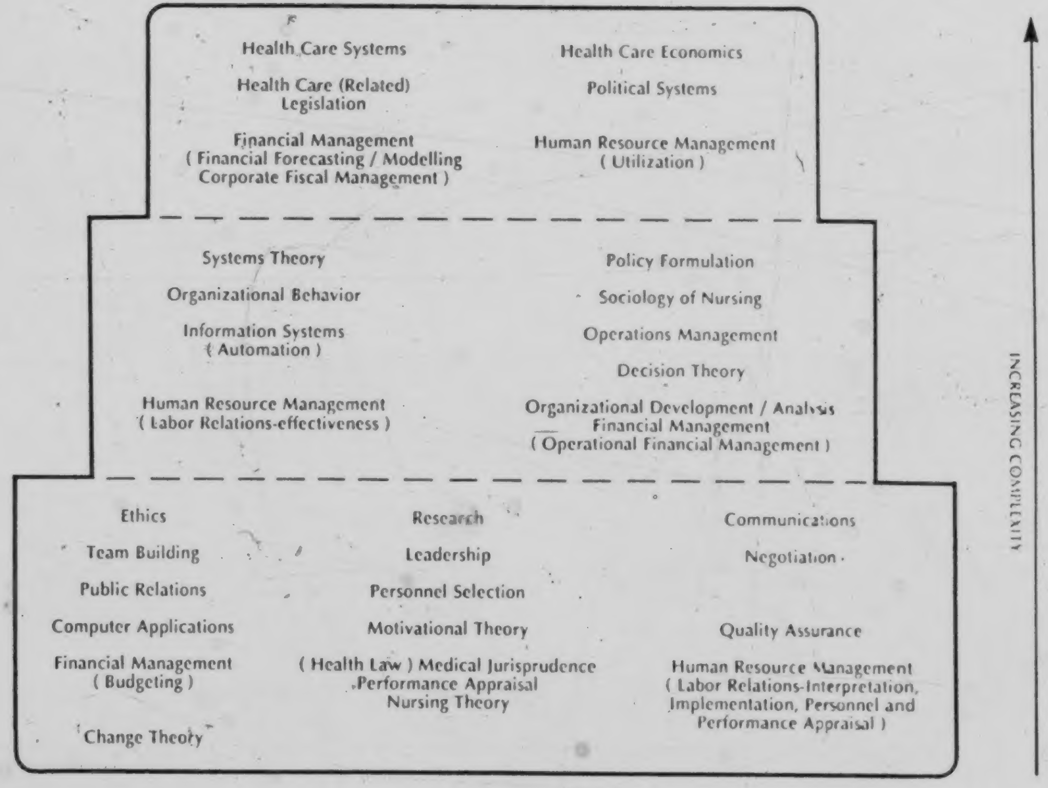

Health Care Systems
Health Care (Related) Legislation
Financial Management (Financial Forecasting / Modelling Corporate Fiscal Management)
Health Care Economics
Political Systems
Human Resource Management (Utilization)
Systems Theory
Organizational Behavior
Information Systems (Automation)
Human Resource Management (Labor Relations-effectiveness)
Policy Formulation
Sociology of Nursing
Operations Management
Decision Theory
Organizational Development / Analysis
Financial Management (Operational Financial Management)
Ethics
Team Building
Public Relations
Computer Applications
Financial Management (Budgeting)
Change Theory
Research
Leadership
Personnel Selection
Motivational Theory
(Health Law) Medical Jurisprudence
Performance Appraisal
Nursing Theory
Communications
Negotiation
Quality Assurance
Human Resource Management (Labor Relations-Interpretation, Implementation, Personnel and Performance Appraisal)
INCREASING COMPLEXITY

Figure 4

Task Force Outline of Knowledge and Skill: Requirements for Nurse Managers

Source: Adapted from The University of Calgary (1987: Appendix IV).

human resource management, and research. In particular, the appropriate mix of nursing science and administrative course work for baccalaureate, master's and doctoral degrees was delineated. Course recommendations for baccalaureate nursing education included a focus on nursing science and management, while master's nursing preparation focused on administration, and doctoral studies focused on selected administrative interests of the individual.

To date, the CAUSN proposed position paper has not been ratified by the CAUSN executive and CAUSN continues to seek input regarding its recommendations. Nonetheless, the authors continue to remain influential within nursing circles and educational administrative practice in particular. This influence will likely affect current nursing curricula and future nurse administrators and their practice.

Nursing Research Studies

Smith (1988:204) described the extent and quality of research in nursing administration in Canada to be limited by the educational qualifications of nursing administrators, the limited emphasis upon nursing administration in graduate programs in nursing, and the isolation of nursing practice settings from faculties of nursing in universities. MacPhail (1988:99) concurred, noting a continuing preference for studying the functional aspects of nursing rather than nursing practice itself.

Dixon (1980) undertook a study of women in health administration in Canada. This descriptive study provided data about women health administrators from the perspectives of practitioners, alumni, current students and faculty of health administration planning programs in

Canada. Data were collected through a questionnaire and provided statistical information regarding four categories of participants.

Dixon found that women health administrators are few in number, older, more experienced and less well paid than their male counterparts. In addition, they tend to be in nursing management or non-line positions in consultancy, government, or health planning agencies rather than hospitals; experience higher unemployment rates than men; and are clustered in low status administrative posts. This study provided little insight into the role of the nurse executive due to the demographic nature of the research questions used in the study.

Beatty (1982) examined the role of the nurse administrator in Canada, the historical development of the role of nursing and its power base within the health care system. This study collected data through a questionnaire from 141 senior nurse administrators employed in acute care hospitals in Canada. Variables addressed included demographics, typical career paths which led to present position, perception of her role, and perception of her power base to influence decisions. A 75% response rate indicated that 50% of all senior nurse administrators are single; range in age from 30 to 60 years of age, hold a Bachelor of Nursing as their highest degree, have been in their present position at least six years and have moved from within the organization to their present position. These senior nurse administrators perceive their role within nursing as similar to the role of women in general in society.

Both the Dixon (1980) and Beatty (1982) research studies are examples of the type and quality of research studies that have been carried out by nurse administrators in Canada which addressed women in health administration. No other studies addressing the role and educational preparation of nurse administrators were found.

Nursing Administration Conferences

Four national conferences for nurse administrators held in the 1980's have contributed much to the understanding of the evolution of nursing administration. In particular, the roles, functions and qualifications as well as contemporary and future issues affecting the nurse administrator have been discussed. These issues are clearly documented in the published proceedings of three of the national conferences (Wood and Zilm, 1980, 1982; Zilm, 1981).

In June 1980, the Canadian College of Health Service Executives (CCHSE), with the assistance of the Nursing Administrators Association of British Columbia and CNA, sponsored the first national education conference for nurse administrators. The purpose of this conference was to provide a forum for nurses in senior administrative positions in health care organizations to share concerns and explore management issues. Papers were presented by nationally recognized leaders in nursing administration, and group discussions followed the plenary sessions for further definition.

The first paper presented by Coutts (1980) described how the nurse administrator's role and responsibilities had changed over the last 30 years. From the "starched" director of the 50's to the "harried, lab-coated" director of the 80's, a change in responsibilities had evolved primarily as a result of the removal of the preparation of nurses from hospital schools of nursing to community and college settings. Coutts refers to this as the education/service divorce. With the nursing labor force no longer a captive audience and primarily unionized, the activities of the professional nurse and the nature of professional practice has changed. These changes require nurse administrators to be more knowledgeable about labor laws, collective bargaining, staffing, workload measurement, performance evaluation, discipline and counselling to name a few. Coutts further states that nurse administrators need to recognize the reality of unions and maximize that reality for patient care and professional viability. She concludes with the belief that nursing departments must operate from accepted power bases and utilize effective political strategies for influencing and making decisions.

At a CNA forum in November 1981, Mackling (1982:2) described the present decade as one of increasing complexity in the health care delivery system, multiple modalities of care, and burgeoning technology, which is placing unprecedented demands on nursing administrators in educational programs, service areas and community agencies. Today, demands are resulting in increasing role ambiguity for nursing managers in acute care facilities according to Smith (1988:200). Smith believes that expectations have increased regarding both the managerial and clinical dimensions of the administrative role. Managerial or corporate roles have expanded to include labor relations, financial management, interdepartmental relations, risk management and planning. The clinical or professional role expectations of nurse managers is of expert nurse clinician as well as being fully aware of the clinical conditions of all patients at all times. These expectations, according to Smith, are not always realistic given the changing nature of both the work of the nurse, and the nursing work force within an autonomous decentralized organizational structure.

In another presentation, Garceau (1982:25) identified four spheres of influence of the nurse administrator: administration of the nursing department; the management of human resources; the management of financial resources; and evaluation of the quality of nursing care. Garceau was careful to point out the need for the nurse administrator to take into account the developments in the health system, the changing values of society and the imperatives of government while performing her responsibilities. Garceau speculated that if administrative duties were placed in the context of budget restraint, additional skills of communication, administration, innovation and coordination would need to be acquired.

In the last presentation, Marshall (1982:110) described future directions in nursing administration to include: role expansion and diversification; basic and continuing management education; and ethical dilemmas that will require decision-making. In particular, Marshall challenged universities to review their baccalaureate curricula and strengthen their management-related courses given the present management crisis existing in nursing. This crisis consists of less than 20 percent of nurses in managerial roles with further education beyond their basic diploma in nursing.

A joint conference on nursing administration held in November, 1988, addressed the opportunities, obligations and obstacles the nurse administrator faces. To date, published proceedings are not yet available. Plans for a fifth joint conference in September, 1990, are in the planning stages.

From the foregoing discussion it is evident that nursing administration conferences have contributed greatly to the understanding of the required role and educational preparation for nurse administrators for effective practice. As the practice of nursing administration changes as a result of factors influencing its context, likewise will the role and educational requirements for nurse administrators.

An American Perspective

A review of the literature addressing nursing administration revealed very little has been written about the roles, responsibilities and educational preparation required for effective nursing administration. The literature reviewed was characterized by subjective, inferential and prescriptive remarks with a great reliance on general management for its theoretical base. The content of this section focuses primarily on empirical studies; however selected research studies have also been included to illustrate the extent and direction of research in nursing administration.

Stevens (1985:23) addressed self-perception of nursing roles and affirmed that:

> ... Since the nurse executive's perception of her role greatly influences the character of her organization, it is important that she analyze this perception and its underlying assumptions. Typically, she perceives her role as related to her special talents.

Stevens (1985:241) further notes that the nurse executive role is changing rapidly because the context in which it is enacted is undergoing a period of rapid change. Stevens' comprehensive discussion of nursing administration interpreted four roles for the nurse executive; expert clinician, manager, educator, and human relations expert. The role descriptions are applicable to nurses' functioning in a variety of settings and organizational structures. Although Stevens' book was not based upon original research, it reflected the experiences of the author in both nursing administration and nursing education.

Slater (1978) edited a collection of papers that analyzed the educational requirements and roles of nursing service administrators. Various models and strategies were discussed in an attempt to identify the appropriate position and scope of authority of the (senior) nurse manager. These papers were primarily descriptive in nature and there was no consensus on the nature and scope of practice, nor the type and level of competencies needed for nursing administration. Further research was recommended to better define the unique scope of both nursing practice and nursing administration.

Duffy and Gold (1980) compared the perceived educational preparation needs of nursing administrators and identified specific managerial skills required for the nurse administrator. Their findings identified 23 managerial skills, ranging from budgeting to grantsmanship, which could serve as guidelines for educators involved in curriculum planning for nursing administration.

Cleland (1984) developed a four level, articulated model for the preparation of nurses in management science. Cleland suggested specific course content and identified six components in which nurse administrators must have expertise. These included: goals and evaluation, finance, human behavior, management, nursing and research. In addition, four levels of competence were identified which correspond to four academic levels for beginning and middle management, executive administration and research in administration. These include a bachelor degree, a master's degree, a specialist certificate and a doctoral degree. This model provides clear direction for educational requirements for nurse administrators at specific positions within the hierarchy of organizations.

Simms, Price and Ervin (1985) provided a conceptual framework for the practice of nursing administration. Although somewhat simplistic in its overall presentation, it addressed the need to integrate the dimensions of clinical, research and education into a practice of nursing administration.

Sullivan and Decker (1985) identified a framework for nursing management and essential concepts and skills for nurses to become more effective administrators. The scope of the book was too broad to identify type and levels of competencies needed for senior nurse administrators.

Strasen (1987) suggested nurse managers require specific "key business skills" for effectively dealing with a changing health care system. These skills include economics, financial management, marketing, strategic planning and decision-making, and would satisfy the educational components necessary for the corporate dimension of the nursing administrator.

Hein and Nicholson (1986) examined the scope of leadership and the necessary behaviours for affecting nursing administrative practice. Peripheral issues of power, politics, advocacy and assertiveness were presented and addressed in an attempt to understand the scope of nursing administration. These readings were drawn primarily from the nursing literature and written by nurses, and have a high degree of relevance for administrative practitioners. However, the theory presented is predominately from the disciplines of management, philosophy, psychology and sociology and its applicability to nursing and nursing administration is assumed.

Other nursing authors have provided management texts which addressed administrative practice, but there was little agreement on the nature and scope of practice, nor the type or level of skills or education required for nurse administrators (Arndt and Huckaby, 1980; Douglas, 1984; Gillies, 1982; Keane, 1981; La Monica, 1986; Longest, 1984; Marriner, 1984; Yura, Ozimek and Walsh, 1981).

Other inferences about the nature of managerial work in nursing can be drawn from prescriptive sources such as Schofield (1986) and from discussions about the context of nursing administrative practice (deCosta, 1985; Gilmore, 1987; Lancaster, 1986; Veninga, 1987).

Nursing Research Studies

Goodrich (1982) undertook a study to determine the types and levels of competencies needed for nursing administration in hospitals and community health agencies. Study findings covered a wide range of topics, from resource management to quality assurance, as important components of a graduate nursing program. Goodrich's findings are similar to those in a study undertaken by Execucounsel (1988:21) for the Association of University Programs in Health Administration (AUPHA) to determine important knowledge and skill areas for the education of health administrators. Approximately 75 per cent of graduating classes from 1980 to 1985 indicated the following as important: financial management; strategic planning; information systems; governance; ethical issues in health care; medical staff relations; public/community relations; health and hospital law; personnel management; leadership in health care organizations; evaluation of health services; and clinical practicum. Not considered important were topics of: statistics; sociology of health and illness; and epidemiology.

Poulin's (1984a) 1980 replication study of 1972 of the role of the nursing administrator, acquired information of the nursing service administrator's position in nine complex urban American hospitals. The purpose of this study was to acquire information about the structure and functions of the nursing service administrator's position that could ultimately serve as a point of departure in planning graduate programs. Structured interviews were conducted with questions addressing the areas of influential people, nursing care, personnel, educational responsibilities, overall nursing service responsibilities, overall hospital administration, community responsibilities, and personnel assessment.

These data indicated a set of functions which were similar to normative expectations for the position, however they also indicated a role that is far from being clearly defined. From the interview data, Poulin concluded:

> 1. The scope and focus of nursing service administration is shifting from a focus on internal direction of nursing service to a broad social concern for meeting the nursing needs of society.
> 2. The degree of authority of nursing is directly related to its placement in the organizational hierarchy.
> 3. Nursing service administration deals with a variety of individuals and groups external to the organization.
> 4. The role of the nursing service administrator is changing from a medically based to a multiprofessionally based system.
> 5. Nursing service administration will shift from a centralized to a decentralized system as nursing becomes more professionalized.
> 6. Issues of equity and efficiency provide continual conflict for the nursing service director.

7. The nursing service director is in a position to influence the development of educational programs for nursing and other health discipline students.

Poulin (1972:163) further stated that:

> educational programs need to prepare nurse administrators for the future who will be developers of people, an integrator and coordinator of the efforts of highly specialized professionals, an innovator in developing effective systems for delivery of care, and a catalyst in nursing in the health agency and in the community.

The literature reviewed from an American perspective pertaining to the role and educational preparation of nurse administrators revealed no existing work that provided a comprehensive description. Most studies provided knowledge and information about various aspects of the role and educational requirements of nurse administrators. However, there is no consensus on the nature and scope of practice nor type and level of competencies required for effective nursing administrative practice.

A Futures Perspective

Nursing administrators function amidst many complex changes within their environment and within the nursing profession. At the same time they are positioned to influence that environment and so affect the quality of care available to society. A review of selected futures literature and knowledge of anticipated changes would provide an additional dimension on viewing the role and educational preparation of the nurse administrator.

Health Care and Nursing in Canada

Glass (1985) addressed the future of health care in Canada, and nursing's role within it. In particular, she conjectured about future directions and structure of Canada's health care system, and the direction and involvement of nursing within it. Utilizing a futuristic analytic approach, she posited that a paradigm shift from curative to preventative care would occur. Her suggestions for the need for a re-orientation and re-structuring of the health care system, are based upon the earlier works of Lalond (1974). Although Glass identified economic, social, technological, ethical and legal barriers to this process, she strongly affirmed that "the stage is set" for a paradigm shift to occur. Nursing would deliver its services in the future, utilizing a support system base of operations which incorporated the concepts of self-determination, self-reliance and self-help. These concepts are the essence of the conceptual shift and are already found in community nursing practice today.

This background paper prepared for the CNA has relevance for viewing both the role and educational preparation for present as well as future nurse administrators. Any discussions involving a re-orientation or re-structuring of the health care system will require input from health administrators and in particular, nurse administrators. Any decisions concerning organization and delivery of nursing services lie within the domain of nurse administrators, therefore they will be in the forefront of any changes projected for the future. In order for nursing to promote a movement from a curative to a preventative focus, Glass further suggested that nurse administrators will need to mobilize education, practice, research and administrative components to achieve this goal.

Attainment of goals is generally facilitated through effective communication and employment of political skills with colleagues and stakeholders. These skills, according to Glass (1985:68) are evident in corporate administrators and as yet nursing is not preparing them. Glass suggested that current and future nurse administrators work with colleagues in nursing education in order to prepare themselves appropriately for a practice in new and changing situations as health care delivery changes. Lemieux-Charles and Lamb (1986:14) suggest that:

> master's level preparation will be required for all levels of nursing administration in the future is consistent with CNA's position that, by the year 2000, the minimal educational preparation for entry into nursing should be the baccalaureate degree.

A Framework for Health Promotion

Epp (1986), as Minister of National Health and Welfare, put forward a framework for health promotion for achieving health for all Canadians. The intent of the document was to explore ideas for the future which would address emerging challenges in the Canadian health care system. Epp articulated three major challenges which he believed are not being adequately addressed by current health policies and practices:

1. various forms of preventable disease and injuries continue to undermine the health and quality of life of many Canadians;
2. disadvantaged groups have significantly lower life expectancy, poorer health and a higher prevalence of disability than the average Canadian;
3. many thousands of Canadians suffer from chronic diseases, disability, or various forms of emotional stress, and lack adequate community support to help them cope and live meaningful, productive and dignified lives.

In addition to presenting new challenges, Epp proposed a new vision of health. Traditionally, health was defined in terms of the absence of disease. With the eradication of many infectious diseases health was now defined as a state of complete physical, mental and social wellbeing. Today, health is viewed from a broader perspective. According to Epp (1986:3) health should be seen as:

> a state which individuals and communities alike strive to achieve, maintain or regain, and not something that comes about merely as a result of treating and curing illnesses and injuries. It is a basic and dynamic force in our daily lives, influenced by our circumstances, our beliefs, our culture and our social, economic and physical environments.

To meet these new challenges based upon an expanded definition of health, Epp proposed three mechanisms for health promotion. These mechanisms are self-care, mutual aid and the creation of healthy environments. Epp further proposed three major strategies for health promotion: fostering public participation; strengthening community health services; and coordinating healthy public policy.

Health promotion according to Epp, is not a new issue but evident across the country and demonstrated in many ways by people who are acting on matters of health in a positive manner. Given this political position regarding health promotion one might deduct a beginning paradigm shift, as articulated by Glass (1985), towards that of prevention.

A Model of Wellness

Capra (1982) examined the world view of Cartesian-Newtonian thought, and called for a new vision in which to understand our world. Of significance is a call for an abandonment of the biomedical model and an adoption of a holistic and ecological concept of health. In addition, Capra challenged traditional thinkers to put aside their concepts of modern health and shift from a model of illness to one of wellness. In order to adopt a holistic and ecological concept of health, Capra suggested that medical scientists will need to realize that a reductionist analysis of the body machine cannot provide a complete understanding of human problems. Nurses in particular will need to expand their role in health care and fight for fuller recognition of their qualifications as healers and health educators.

However, with public health organizations committed to prevention and health education growing and gaining recognition in medical circles, it would appear that the shift to a model of wellness has already begun. This shift towards a model of wellness has implications for nurse administrators as organizers and deliverers of future health services. Future nurse administrators will need to be adequately prepared from an educational perspective as well as an experiential one.

Management in the XXI Century

In an attempt to look into the future, and assess its implications for management education and development, American and European leaders designed a three-phase working conference. The outcome of this conference was "a road map ~~for~~ the future of management education", (American Assembly of Collegiate Schools of Business and European Foundation for Management Development, 1982). The proceedings of this working conference addressed a range of critical issues. In particular, the future role and function of a manager affected by future societal values, provided insight into what managers of the future would be doing and how they would be doing it.

The findings of this study identified the major challenges to management to be: (1) availability and scarcity of resources; (2) the changing international order; (3) changing values in post-industrial society; (4) institutions in society; (5) classes and groups of people; (6) science, technology, and production; and (7) the vulnerability of complex societies and the need for a holistic, interdisciplinary approach. Underlying these challenges was a suggestion by Byrom (1982:92) that the standard rules of organizational practice that have been accepted and still are accepted in many places, just do not fit today - and they certainly will not fit twenty years from now. To address these challenges Byrom recommended the disaggregation of the corporation into complete entities with authority vested in the person in charge. In order to move to leadership positions Byrom suggested that individuals proceed to broaden themselves in as many other disciplines as possible and other than the one in which they have received their formal training. Walton (1982:120) recognizing that the definition of future manager may be all-encompassing and too ambitious, and that organizations may need to construct job definitions that permit optimal contributions from each member of the management team.

Yavitz (1982:133) identified evolving trends in the education of managers for the future. These included:

1. Greater emphasis on the ability to communicate both ways (listen, sense, understand external needs as well as explain, articulate and persuade).
2. Improve negotiating, bargaining and arbitrating skills.
3. A more holistic and strategic approach in dealing with organizational problems.
4. An appreciation of the need for both cognitive and affective learning.
5. The education of the manager must be viewed as a continuous, integrated process.

The responsibility for the education of managers is a shared one, according to Yavitz (1982). Universities need to motivate the individual regarding lifelong learning and corporations need to create a climate that encourages and rewards continual learning. Future nurse administrators need to begin to work with educational institutions to develop a curriculum which will meet their present, as well as future, needs.

Nursing in the Year 2000

The American Academy of Nursing (1986) generated an agenda for nursing for the year 2000 in order to begin planning for the future. Specifically their mandate was to broadly outline the knowledge and strategies needed to make the future a reality. As a beginning point, predications regarding the health care delivery system and the consumer were identified, as well as nursing roles within the delivery system. Oberst (1986:29) described the future health care system as a system reacting to changing technology, social change, longevity, treatment complexity and cost-containment. The consumer of the year 2000 was projected as one whose physical illness is linked to life-style and the environment and hence a concern for prevention of environmentally and technologically induced problems. Oberst (1986:30) asserts that the consumer will expect the health professional to have answers regarding prevention and treatment. She further points out that with governmental concern for cost containment, the consumer can expect a shorter stay in hospital and greater responsibility for selfcare upon discharge. Nurses, Oberst (1986:31) predicted, will deliver comprehensive health promotion and preventive services to individuals and families in homes, schools, workplaces, and community nursing centers. The knowledge required to move into the next century is vast, according to Oberst (1986:35) and includes:

1. Biological and psychosocial function and dysfunction in acute and chronic illness.
2. Development, maturation, adaptation, self-regulation and coping in the context of both illness and wellness.

3. Family health and family functioning and the family as a unit of care.
4. Behaviors and environments that promote health.
5. Nursing therapeutics as the content and process of nursing actions.
6. Care systems and models that facilitate effective nursing therapeutics at an operational level, in multiple settings and with various populations.

Stevenson and Woods (1986:38) reported the top priority for nursing inquiry was to analyze the phenomena that comprise the discipline of nursing and on which nursing could have an appreciable impact.Many of the Academy's predictions regarding the future health care delivery system are supported by Capra (1982) and Glass (1985). Of significance is the delineation of knowledge required to move into the year 2000 and specific strategies to do so. Current nurse administrators will need to work closely with education and research to provide the support necessary to carry out an examination of nursing phenomena.

The literature reviewed from a futures perspective pertaining to future nursing administrative practice revealed several predictions worthy for consideration. First, most writers predicted a fundamental shift in thinking from illness to wellness resulting in an emphasis on the preventative aspect of health care. Such a shift would necessitate a re-orientation and re-structuring of the present health care system with nurse administrators in the forefront of any discussions. Nurse administrators will need to be well qualified to participate in discussions of this nature.

Second, a futures research agenda of examining nursing phenomena is proposed. Future nurse administrators will need to be skilled at providing an environment which promotes research-based practice and recognizes a linkage between practice, research and theory.

Lastly, the rapidly changing health care system will require qualified nurse administrators to influence and cope with the dynamic environment. Increased collaboration between service and education will help prepare nurse administrators for this challenge.

In summary, a literature review was undertaken to examine the role and educational preparation of nurse administrators for effective practice. The literature was reviewed from a Canadian, an American and a futures perspective to provide the scope necessary for addressing this question.

The literature revealed diverse viewpoints, varied consensus and few solutions regarding the role and educational preparation required for effective practice. The Canadian perspective provided some consensus regarding the professional and corporate dimensions of the role and the educational requirements for various administrative levels. The American perspective provided varying degrees of information and suggestions that were subject to individual interpretation. No consensus was apparent in the American literature regarding the role and educational preparation required of nurse administrators for effective practice. The futures perspective provided a window on nursing administrative practice in the 21st century and the skills required for such practice.

Of interest was an examination of the context of nursing administrative practice and the identification of two additional broad categories of variables in the internal environment of the organization. These variables of demography and ecology will be included in a dialogue among nurse administrators recommending strategies for implementing a position paper promoting standards for nursing administration.

Standards for Nursing Administration

Florence Nightingale (1859:35) wrote:

> that all the results of good nursing may be spoiled or utterly negatived by one defect... by not knowing how to manage that what you do when you are there, shall be done when you are not there.

Miss Nightingale, concerned with improving the standards of health in the civil population and in the army, clearly understood the relationship of administration, standards for practice and quality patient care. Her continuing concern was further evidenced in the requirement of all nurses entering the profession "to do all in my power to maintain and elevate the standards of my profession."

The challenge of advancing standards of practice for the profession has not gone unheeded. Both the American and Canadian professional nursing associations' concern for the quality of nursing services developed standards of practice to guide the profession in its search for excellence.

Why Standards for Practice?

Merton (1958:50) describing the functions of a professional association suggests that:

> a professional association is an organization of practitioners who judge one another as professionally competent and who have banded together to perform social functions which they cannot perform in their separate capacity as individuals. ... because of its nature, (it) must provide measures to judge the competency of its membership and to evaluate the quality of its services.

Merton's work further suggests that the tendency for self-organization has been found to be characteristic of professions and the establishment and implementation of standards characteristic of the organization.

Mary Parker Follet (1942:136) points out that professional associations have one purpose above all others. That purpose is for members to join in order to better perform their functions. Follet further suggests that the betterment of performance is through standards. Members must meet to establish, maintain and improve standards, to keep members up to standards, to educate the public to appropriate standards, to protect the public from those individuals who have not attained standards or willingly do not follow them, and to protect individual members of the profession from each other.

The beliefs of Follet were the cornerstone of the discussions of the American Nurses Association (ANA, 1957, 1962, 1963, 1973, 1975, 1987) regarding standards for the profession. The American Congress for Nursing Practice in concert with the American Nurses Association clearly answered the question regarding the need for standards. The Congress stated that:

> a profession's concern for the quality of its service constitutes the heart of its responsibility to the public. The more expertise required to perform the service, the greater is society's dependence upon those who carry it out. A profession must seek control of its practice in order to guarantee the quality of its service to the public. Behind that guarantee are the standards of the profession that provide the assurance that the guarantee will be met. This is essential both for the protection of the public and the profession itself. A profession that does not maintain the confidence of the public will soon cease to be a social force. In recognition of the importance of standards of professional practice and the need to guarantee quality service, sets of standards are formulated. ... as standards are implemented in practice settings and as the scope of nursing practice enlarges and the theoretical basis upon which this practice rests becomes more sharply delineated, ongoing revision of the standards of professional practice will be warranted.

The concept of social force has also been advocated by the International Council of Nurses (ICN), the worldwide voice of nursing. ICN (1986) suggests "... the establishment of standards... in order to become a social force for change."

An additional rationale for standards has been provided by Canadian professional nursing associations with evidence of accomplishment through the development of nursing practice standards (Alberta Association of Registered Nurses, 1981; Canadian Nurses Association, 1980a; Chagnon, 1977; College of Nurses of Ontario, 1976; and Manitoba Association of Registered Nurses, 1977).

From a legal perspective, Kerr (1988:188) suggests that nurses are entrusted with the lives and health of other people in the course of their duties and the public expects that nurses will practice safely and competently and do no harm to those entrusted to their care. This expectation of the provision of a reasonable standard of nursing care is upheld by the courts in case law. Negligence, according to Kerr, (1988:191) is "that which a reasonable and prudent nurse either would do or not do in relation to particular health-care circumstances." Determination of standards of care which the nurse would use is established in a variety of ways according to Kerr (1988:192). These include:

> articles and books by nursing authors relating to the acceptability of certain practices, nursing practice standards developed by national and provincial associations, curriculum content in schools of nursing and testimony by expert witnesses who are nurses.

From the foregoing there appears to be strong evidence of a need for the development, implementation, utilization and evaluation (Marker, 1988:4) of standards for nursing practice. Adoption of standards will regulate, control and improve the practice of nursing (van Maanen, 1984:22) and be viewed as a hallmark of a mature profession (ANA, 1980) and of nursing excellence (Brown, 1988:vi).

Development of Standards for Nursing Practice

The nursing profession, as a vital part of the multidisciplinary health care team, recognizes its responsibility to identify and clarify its unique contribution to society. Standards for nursing practice, based on a selected conceptual model for directing practice, provide the basis for measuring the effectiveness of nursing actions (CNA, 1980a). Mason (1984:2) defines a nursing standard as "a valid definition of the quality of nursing care that includes the criteria by which the effectiveness of care can be evaluated." Crow (1981:149) in a similar view suggests a standard "is some measure(s) by which nursing can be judged or compared and where the measures used are agreed upon by common consent." This definition according to van Maanen, incorporates all the characteristics of quantitative and qualitative measurement.

Donabedian (1980) suggests three levels of standards: structure, process and outcome. Blank (1978, 26-27) refers to structure as the health care setting in which to nurse and the resources required; to process as the nature and sequence of nursing activities; and outcome as the client's state of health or level of knowledge as a result of purposeful intervention.

Donabedian (1982) and Hagen (1976) express concern for the interchangeable use of standards and criteria. Hagen defines:

> standards as a cluster of variables related to the expected performance level; criteria as concepts related to the variables to be appraised.

Hagen further suggests that criteria operationalize the standard in terms of measurable quantitative guidelines. Donabedian (1982:7) suggests a different approach of putting aside the words themselves and considering the thoughts needed to express the subject at hand prior to defining the words. Donabedian (1982:8) calls "the phenomena that one counts or measures in order to assess the quality of care 'criteria' and the precise count or quantity that specifies an adequate, acceptable or optimal level of care , a 'standard'."

An exploration of the history of standards revealed a two-fold definition which may shed some light on the difficulties modern writers are experiencing with conceptualizing the term "standard." The word "standard" in English is used in many contexts. One idea of a standard is that of a guideline which can be used for comparison, while another is to help solve problems. The French language makes a distinction between two groups of standards, a distinction lost in English. The first group is called "etalon" and refers to a standard as a unit or physical constant such as a metre or kilogram. The second group is called "norme" and refers to a technical specifications document or standards as written specifications. The first group is the oldest while the second group is a relatively recent development. One therefore needs to keep in mind both the element of unit and specification when thinking about the term "standard".

Historically, standards were clearly established in England 780 years ago (Legget, 1971:13). The Magna Carta signed by King John of England in 1215 standardized weights and measures to correct unfair trading practices. One great achievement of the Industrial Revolution was the steam engine. However, with this invention came problems of safety. From such problems arose formal written specifications, our modern standards establishing criteria for the design, testing and inspection of boiler pressures.

From this brief sketch it is evident that standards of the "etalon" group have been around for a very long time. Standards of the "norme" group or modern specification must be responsive to new discoveries which bring about change. These standards need to be constantly revised or become obsolete. An analogy for nursing standards suggests that although we live in a rapidly changing environment, in order for our product not to become obsolete, requires ongoing definition and evaluation are required. As van Maanen (1984:16) suggests:

> although people may give different weight and value to the concept, they have to come to some agreement in terms of standards. The final judgement on standards should be approved by all involved... the development of standards is a dynamic process that requires continuing updating and adjustment.

The CNA (1980a) prior to developing standards for nursing practice, articulated beliefs about national standards for nursing practice. These beliefs include:

- The adoption of standards for nursing practice will contribute to the continued improvement of nursing practice.
- Standards for nursing practice must be developed by members of the nursing profession.
- Standards for nursing practice must express what is desirable nursing practices in Canada.
- Standards for nursing practice must be broad enough to apply to any practice setting.
- Standards for nursing practice must lend themselves to further development and refinement by nurses in a given practice setting.
- Standards for nursing practice are a prerequisite to the evaluation of nursing practice, since they provide a baseline for measurement.

- Standards for nursing practice must take into account independent, interdependent and dependent functions of nurses.

- Standards for nursing practice must respect the freedom of informed choice with regard to the selection of a conceptual model to be used in a given setting.

- Standards for nursing practice must include expectations related to a conceptual model for nursing, the nursing process, the helping relationship and professional responsibilities.

- Standards for nursing practice will influence and be influenced by nursing practice, nursing education, nursing administration and nursing research.

- The adoption of standards for nursing practice will help clarify nurses' areas of accountability, since standards provide the nurse, the health agency and the client with a basis for evaluating practice.

- Standards for nursing practice must be subjected to continuous revision.

In addition, the CNA articulated some general characteristics of standards to be:

> directed toward an ideal, realistic, attainable, acceptable, understandable, developed by experts in the domain, based on current knowledge, phrased in positive terms, indicative of acceptable performance, relevant to the domain under study and amenable to measurement.

In June 1980, CNA published their report on A Definition of Nursing Practice; Standards for Nursing Practice. It was the belief that this report incorporated the beliefs of the nursing profession in Canada regarding standards for nursing practice.

Standards for Administrative Practice

A review of the literature suggests that nursing practice is generally conceptualized as a universe with four behavioral domains: research, education, administration and clinical or direct nursing care. Direct nursing care has been the initial focus for the development of standards of practice by the profession while standards for nursing administration are a more recent development.

Cantor (1978:98) suggests that it is important to differentiate between standards of performance for nurses who actually deliver bedside care and standards for personnel who do not. However, regardless of the distance from the actual bedside, standards need to relate to patient outcomes. Failure to do so results in what Etzioni (1964) calls "goal displacement" in which the primary mission of an organization is sidetracked.

Cantor (1978:99) identified three major purposes of performance standards:

1. to establish the level of functioning.
2. to establish a basis for evaluating staff effectiveness in maintaining quality care, and
3. to provide a basis for selecting individuals with the most potential for meeting the requirements of the position.

Acknowledging that evaluating administrative staff requires different sets of standards than that for the staff nurse, Cantor believes practice standards establish the goals an individual is expected to achieve and criteria for the evaluator for determining if the administrator has been performing effectively.

Adherence to nursing practice standards will not guarantee high quality care but the chances of consistently achieving high quality care without adhering to standards is very low (Cantor, 1978:170). The adoption of practice standards by nursing administration will contribute to the continued improvement of nursing administration.

The CNA (1987:5) is committed to public accountability through legal statutes, standards, ethical codes and evaluations. Publication of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration serves to meet their commitment of public accountability.

The importance of the 1988 CNA position paper cannot be understated. These standards articulate desirable nursing administrative practice in Canada with delineated criteria for meeting each standard. The CNA standards include:

I Nursing administration plans for and implements effective and efficient delivery of nursing services.

II Nursing administration participates in the setting and carrying out of organizational goals, priorities, and strategies.

III Nursing administration provides for allocation, optimum use of, and evaluation of resources such that the standards of nursing practice can be met.

IV Nursing administration maintains information systems appropriate for planning, budgeting, implementing and monitoring the quality of nursing services.

V Nursing administration promotes the advancement of nursing knowledge and promotes the utilization of research findings.

VI Nursing administration provides leadership that is visible and proactive.

VII Nursing administration evaluates the effectiveness and efficiency of nursing services.

Of significance is the knowledge that the CNA standards were developed for application by nurse administrators in all health care settings. Second, the standards reflect current and future developments in nursing administrative practice. Implementation would provide the necessary guidelines for the provision of quality nursing care to society.

This section has addressed the standards for nursing administration in relation to implementation of a position paper promoting standards for nurse administrators. Initially, a rationale for developing standards of practice was provided from both a professional and legal perspective. Next the development of standards for nursing practice was discussed including definitions for a standard and for criteria. Basic assumptions or beliefs underlying standards were stated and some general characteristics of standards suggested. Then standards for administrative practice were discussed including the need for performance standards. Finally, the CNA standards for nursing administration were presented.

From the foregoing there can be little doubt that the CNA has acted responsibly in developing standards for nursing administration. In the context of this research study, implementation of standards promoting quality nursing care to society is justified.

Conceptual Framework

The conceptual framework for this study arises primarily from the literature pertaining to policy implementation. In particular, the implementation frameworks of Sabatier and Mazmanian (1979) and Newcombe and Conrad (1981) provided insight into the process of implementation.

Both frameworks identified broad categories of variables in the internal and external environment of an implementing organization which could be considered for structuring a dialogue among nurse administrators responsible for implementing a position paper promoting standards for administrative practice.

An examination of nursing administrative literature pertaining to the role and educational preparation of nurse administrators identified additional broad categories of variables in the external environment for structuring a dialogue among nurse administrators. Collectively the broad categories of variables for the external environment include seven external factors: political, economic, technology, demography, social, regulatory, and ecological. Broad categories of variables for the internal environment include: governance, implementor, substructure, and subsystem.

Literature pertaining to standards for nursing administration views the implementation of standards promoting quality nursing care to society as justified.

This study therefore proposes to identify variables associated with the implementation of a position paper promoting standards for nursing administration. In particular, the study proposes to identify internal and external factors which influence the implementation process, identify which internal and external factors have the greatest degree of influence on the implementation process, and lastly to recommend strategies for effective implementation as perceived by nurse administrators responsible for institutional implementation.

In summary, the conceptual framework for this study was based primarily on policy implementation literature from the work of Sabatier and Mazmanian (1979) and Newcombe and Conrad (1981). Literature on the role and educational preparation of nurse administrators provided further insight into the context of nursing administrative practice. Literature addressing standards for nursing administration provided rationale for the study.

Summary

This chapter has reviewed the literature pertaining to policy implementation of a position paper addressing The Role of the Nurse Administrator and Standards for Nursing Administration. A comprehensive review of the literature provided two implementation frameworks to guide the research inquiry. In addition, nursing literature and research addressing the role and educational preparation of nurse administrators and standards for nursing administration provided additional insight into the context of nursing administrative practice. The later portion of the chapter outlined the conceptual framework for the study and its theoretical base.

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

This chapter describes the overall design of the study and the research method employed. Historical data collection and analysis are described and procedures utilized in instrument development, data collection and data analysis are outlined. The results of a pilot and subsequent field tests are presented.

Research Design

Statement of the Problem

The 1988 CNA position paper articulates desirable standards for Canadian nurse administrators. Little evidence of actual implementation of the recommendations of the position paper suggests the need for exploration of the process of policy implementation.

The central problem of policy implementation was stated in the form of six questions:

1. What events led to the formulation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration?
2. What internal and external factors are viewed by selected nurse administrators as likely to influence the implementation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration?

3. What factors do selected nurse administrators perceive as having the greatest degree of influence, importance, and impact on the implementation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration?
4. What strategies do selected nurse administrators recommend for the implementation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration?
5. What differences exist in the response pattern of nurse administrators who represent the advisory and reaction panel?
6. Is the policy Delphi approach a useful research method for investigating the process of policy implementation as it relates to nursing administrative practice?

Design of the Study

An historical and descriptive research design guided this two part study. First, the historical background which led to the formulation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration was described. Second, a policy Delphi technique was used to explore nurse administrators' perceptions regarding policy implementation. Three rounds of a policy Delphi identified external and internal factors expected to influence the implementation of a position paper; identified which factors have the greatest degree of importance, influence, and impact; and possible strategies for the chief nurse administrator to consider for implementing a position paper.

Research Variables

The variables for this study were derived primarily from the literature of policy implementation and from nursing literature pertaining to the role and educational preparation of nurse administrators. Broad categories of external and internal variables which might influence an implementing organization were identified to be: political, economic, technological, demographic, social, regulatory, ecological, governance, implementor, substructure, and subsystem variables:

1. Political variables were seen as relating to government and its administration, political conditions or groups which might influence the implementation of a position paper.

2. Economic variables were seen as relating to economic conditions which might influence the implementation of a position paper.

3. Technological variables were seen as relating to new technological conditions which might influence the implementation of a position paper.

4. Demographic variables were seen as relating to people, and their distribution, which might influence the implementation of a position paper.

5. Social variables were seen as relating to the social conditions and the underlying norms, values, and behaviors which might influence the implementation of a position paper.

6. Regulatory variables were seen as relating to the legal, professional and organizational controls which might influence the implementation of a position paper.

7. Ecological variables were seen as relating to the physical environment and health trends, which might influence the implementation of a position paper.

8. Governance variables were seen as relating to all the administrative conditions of process and structure which might influence the implementation of a position paper.

9. Implementator variables were seen as relating to the process skills and initiatives of actors which might influence the implementation of a position paper.

10. Substructure variables were seen as relating to the administrative support services which might influence the implementation of a position paper.

11. Subsystem variables were seen as relating to the personnel conditions which might influence the implementation of a position paper.

Panel Selection

Two levels of panel study members were selected to participate in this study, advisory and reaction. Potential advisory panel participants were initially identified through a study conducted by Guillemin (1987) to determine the status and degree of application of the 1983 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration. This study assessed the levels of use of the 1983 position paper by thirty nurse administrators responsible for institutional implementation and representing acute care and long term care urban and rural settings from twelve Alberta sites. From these potential participants, selected nurse administrators were invited to form an advisory panel, comprised of twenty-four nurse administrators employed in urban and rural, acute care and long term care settings in Alberta. Advisory panel members were responsible for providing data for three rounds of policy Delphi questionnaires. Initially, they would be requested to identify external and internal factors expected to influence the implementation of a position paper, identify which factors have the greatest degree of importance and influence on the implementation of a position paper, and recommend possible strategies for the implementation of the position paper.

Criteria for selecting the advisory panel participants included:

1. A nurse employed in a senior nursing administrative position within the organization and responsible for the delivery of nursing services.

2. Employed in their present position or a similar position in another hospital for three years or more.

3. Willingness to participate in the study.

4. English speaking.

Potential reaction panel participants were identified through the Academy of Chief Executive Nurses (ACEN) of Canadian teaching hospitals. An information form acquired data concerning preliminary interest of senior nurse administrators willing to participate in a research study addressing "Implementation of Standards for Nursing Administration." Based on this interest response, all ACEN members were invited to participate in the study as reaction panel members.

Reaction panel members would be responsible for recommending possible strategies for the implementation of a position paper based upon factors initially proposed by the advisory panel.

Criteria for selecting the reaction panel participants included:

1. A nurse employed in the most senior nursing administrative position within the organization and responsible for the overall delivery of nursing services.

2. Employed in their present position or a similar position in another hospital for three years or more.

3. Willingness to participate in the study.

4. English speaking.

Ethical Considerations

Senior nurse executives are members of a small, professional and visible group. Therefore honoring of their dignity and privacy and the protection of their psychological and social welfare are principles observed in this study. To ensure confidentiality and anonymity, the following procedures were undertaken:

1. Informants were required to sign a consent form in order to participate in the study.
2. Potential risks for the participant such as possible recognition through the data were discussed, as well as the potential benefits for the participant.
3. Opportunity to ask questions regarding the research and during the research were provided.
4. Participants were free to withdraw from the study at anytime or refuse to answer any questions without penalty.
5. A full written explanation of the purpose of the research and the procedures to be followed were provided.
6. Study information provided by informants remained confidential and was presented in aggregated form.
7. Each informant was assigned a participant number which was subsequently used in all documentation concerning the participant.
8. All personal and institutional identifying information was disguised or withheld.
9. A final report was available for each participant if they so desired.

An informed consent form is found in Appendix A.

METHODOLOGY

Historical Data Collection and Analysis

This study sought to describe the events which led to the formulation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration. Historical data were collected from primary source documents including: CNA Annual Meetings and Biennial Convention Papers; CNA Board of Directors Folio; CNA Executive Committee of the Board of Directors Folio; and CNA Reports of the Executive Directors. Data were also collected from published reports, association newsletters, journals and books.

Primary sources of data represent the most direct link with historical events or situations (Polit and Hungler, 1978:227) and were used in this study to provide "first hand information". Primary source documents are usually in the form of official written records, minutes of meetings and reports which cannot be altered (Matejski, 1986:188). Historical data were subjected to two types of evaluation, external and internal criticism, described by Matejski (1986:189) and Polit and Hungler (1978:228).

External Criticism

External criticism establishes the authenticity and genuineness of the document. It establishes accuracy of the materials, authorship, date of evidence and place. All CNA documents when evaluated for external criticism were found to be authentic.

Internal Criticism

Internal criticism evaluates the worth of the evidence or its credibility, with a focus on the content of the document. The important issue is the accuracy or truth of the data. Evidence bearing on the accuracy of historical data might include one of the following according to Polit and Hungler (1978:228):

1. comparisons with other people's accounts of the same event to determine degree of agreement;
2. knowledge of the time at which the document was produced (reports of events are more accurate when written immediately following the event);

3. knowledge of the point of view of the writer; and
4. knowledge of the degree of competence of the writer to record events accurately and authoritatively.

Determining how much corroboration is necessary to support an interpretation of a document depends on the problem under investigation, the amount of available evidence and the reliability of the corroborative material (Matejski, 1978:191). In the context of this research study the primary sources of data were judged to be sufficient to describe the events which led to the formulation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration. The trustworthiness of the documents was established through randem sampling of all reports of both the English and French official versions.

Synthesis and Analysis

Synthesis and analysis of historical data requires "pulling the materials together" and involves logical processes rather than statistical ones. The data are organized, judged from an objective perspective and inconsistencies resolved. Historical data collected for this research study were synthesized and analyzed using "considerable amount of decision making" (Polit and Hungler, 1978:229) and presented in a narrative format.

Policy Delphi Data Collection and Analysis

A policy Delphi technique was utilized to identify external and internal factors expected to influence the implementation of a position paper, identify which factors have the greatest degree of importance and influence on the implementation of a position paper, identify the impact of the factors on the chief nurse administrator, and recommend possible strategies for the chief nurse administrator to consider for implementing a position paper.

The policy Delphi technique adopted for this research study is an adaptation of the conventional Delphi. Turoff (1975:84) describes the difference in outcome terms whereby conventional Delphi seeks consensus among homogeneous groups of experts on technical matters and policy Delphi seeks to generate the strongest possible opposing views on the potential resolutions of a major policy issue.

Delphi Method

The Delphi technique was developed by Dalkey and Helmer at the Rand Corporation in the 1950's as a tool for short-term forecasting through effective use of informed intuitive judgement (Helmer, 1967:4). Initial studies of estimating American defense needs progressed to nondefense areas following Gordon and Helmer's 1964 Report on Long-Range Forecasting Study published as a Rand paper. As Linstone and Turoff observed (1975:11) "starting in a non-profit organization, Delphi has found its way into government, industry and finally academe."

Delphi is defined by Linstone and Turoff (1975:3) as:

> a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem. To accomplish this purpose it is
>
> necessary to provide some feedback of individual contributions of information and knowledge; provide some assessment of the group judgement or view; provide some opportunity for individuals to revise their views; and some degree of anonymity for the individual responses.

Although Linstone and Turoff (1975:4) suggest a number of other areas for application of the Delphi, when viewed as a communication process, they suggest that there are few areas of human endeavor which are not candidates for the use of the Delphi. Linstone and Turoff further suggest that it should not be the application which determines the appropriateness of selecting a Delphi technique but circumstances surrounding the group communication process. Circumstances which lead to the selection of a Delphi technique as identified by Linstone and Turoff (1975:4) include:

1. The problem does not lend itself to precise analytical techniques but can benefit from subjective judgments on a collective basis.
2. The individuals needed to contribute to the examination of a broad or complex problem have no history of adequate communication and may represent diverse backgrounds with respect to experience or expertise.
3. More individuals are needed than can effectively interact in a face-to-face exchange.
4. Time and cost make frequent group meeting unfeasible.
5. The efficiency of face-to-face meetings can be increased by a supplemental group communication process.
6. Disagreements among individuals are so severe or politically unpalatable that the communication process must be refereed and/or anonymity assured.
7. The heterogeneity of the participants must be preserved to assure validity of results, i.e., avoidance of domination by quantity or by strength of personality ("bandwagon effect").

Barrington (1981:62-63) in assessing the future for the Delphi concept suggests two promising areas. First, in computer conferencing as a supporting methodology for use in conjunction with other methodologies, and second, in the social sciences.

In light of documented advantages and disadvantages of Delphi studies and "searing" criticism of the Delphi method by academics, Linstone and Turoff (1975:84) advocate the policy Delphi as a means of overcoming some of the problems inherent in conventional Delphis.

Policy Delphi Method

The policy Delphi, of particular interest to this study was developed by Murray Turoff in 1969. Acknowledged as a departure from the understanding and application of Delphi, the policy Delphi sought to generate the strongest possible opposing views on the potential resolutions of a major policy issue. Turoff's view of a policy issue was one for which there are no experts, only informed advocates and referees.

Of significant importance is the premise on which the policy Delphi rests. Turoff (1975:84) advocates that the decision-maker is not interested in having a group generate his decisions; but rather have an informed group present all the options and supporting evidence for his consideration. The policy Delphi therefore, is a decision-analysis tool and not a decision-making tool. Of equal importance is the notion that generating a consensus is not the prime objective of a policy Delphi.

Turoff (1975:87) viewed the policy Delphi as a precursor to committee activities however not as a replacement for the committee process. Instead:

> it is merely an organized method for correlating views and information pertaining to a specific policy area and for allowing the respondents representing such views and information the opportunity to react to and assess differing viewpoints.

These views suggest potential advantages for the policy Delphi. Because the respondents are anonymous, fears of potential repercussions and embarrassment are removed and no single individual need commit himself publicly to a particular view until after the alternatives have been put on the_table (Turoff, 1975:87). Therefore, according to Turoff, the policy Delphi should be able to serve anyone or any combination of the following objectives:

1. Ensure that all possible options have been put on the table for consideration;
2. Estimate the impact and consequence of any particular option; and
3. Examine and estimate the acceptability of any particular option.

Dunn (1981:196) observed that while policy Delphi was based on two of the same principles as conventional Delphi - iteration and controlled feedback - it introduced several new ones. The principles referred to by Dunn include:

1. Informed Multiple Advocacy: The process for selecting participants is based on criteria of interest and knowledgeableness, rather than "expertise" per se. In forming a Delphi group investigators therefore attempt to select as representative a group of informed advocates as may be possible under the circumstances.

2. Polarized Statistical Response: In summarizing individual judgments, measures that purposefully accentuate disagreement and conflict are used. While conventional measures may also be used (median, range, standard deviation) policy Delphi supplements these with various measures of polarization among individuals and groups.

3. Structured Conflict: Starting from the assumption that conflict is a normal feature of policy issues, every attempt is made to use disagreement and dissension for creatively exploring alternatives and their consequences. In addition, efforts are made to surface and make explicit the assumptions and arguments that underlie the contending positions. The outcomes of a policy Delphi are nevertheless completely open, which means that consensus as well as a continuation of conflict might be results of the process.

Six phases of the policy Delphi were identified by Turoff (1975:88) as: formulation of the issues; exposing the options; determining initial positions on the issues; exploring and obtaining the reasons for disagreement; evaluating the underlying reasons; and re-evaluating the options. These phases will be discussed in relation to instrument development.

In that policy Delphi deals with statements, arguments, comments and discussions, Turoff (1975:89) suggests the need to establish some means of evaluating the ideas expressed by the respondent groups. Rating scales for relative importance, desirability, confidence, and feasibility of various policies and issues are proposed.

RESEARCH PROCEDURES

Turoff (1975:84) strongly affirms that the purpose of a policy Delphi is to generate opposing views on the potential resolution of a policy issue by presenting all options and supporting evidence to a decision maker for his consideration. To accomplish this, Turoff (1975:88) identifies six phases of the policy Delphi commencing with formulation of the issues through to re-evaluating the options. Inherent to the Delphi is an iterative process. Each questionnaire round is designed from the data received in the previous round commencing with formulating the issue. Each round therefore should have a development, testing, data collection and analysis component structured within. As a result, each round of this research study will be reported accordingly to the above-named components.

This study involved three distinct rounds of questionnaires. Mindful of the phases identified by Turoff (1975:88) but constrained by study time and concern for participant commitment, six phases were collapsed to three. In practice, most Delphis maintain a three to four round limit. This limit is maintained by preformulating the policy issue, seeding the initial questionnaire with a range of options but providing for the participants to add to the list, and requesting of positions on an item and underlying assumptions in the first round (Turoff, 1975:88). This practice was adopted for this research study. Additionally the study research procedures were influenced by the work of Barrington (1981), Sellinger (1984) and Steier (1985).

Pilot Questionnaire

Questionnaire Development

The purpose of the initial questionnaire was to identify external and internal factors impacting the organization and expected to influence the implementation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration, and provide a reason for the importance of their choice.

Open-ended questions based on eleven broad categories of external and internal variables identified through the conceptual framework comprised the questionnaire. External variables consisted of political, economic, technological, demographic, social, regulatory, and ecological. Internal variables consisted of governance, implementor, substructure, and subsystem. As well, a category of additional comments was included for study participants.

Questionnaire Testing

The draft of the questionnaire and subsequent questionnaires was pre-tested by a team of four nurses who were representative of the proposed sample, but who were not members of that sample. In addition, all four team members held master's degrees with two of the nurses holding credentials at the doctoral level. All four nurses had extensive experience in programme design and evaluation. All were presently employed and representative of both service and educational institutions. Draft team members were requested to critique all questionnaires for the following: clarity of directions; validity including completeness, relevance and appropriateness of the content; consistency of items; fluidity; tone; ease of reading; and format. As a result of the suggestions received, changes were made to the first-round questionnaire. Minor changes were of two categories, format and content. Format changes included the need to highlight the fact that the materials were dated indicating specific timelines for pick-up and delivery. Therefore, the paragraph concerned with the deadline was highlighted and re-formatted. Minor changes to the wording concerned with general directions were re-phrased and clarified. Content changes included the further seeding of the variables political, economic, social, regulatory, and governance.

One draft team member indicated that from the directions she knew what to do, but that it would require a bit of time to complete and a lot of thinking to be concise. Another suggested that the questionnaire would provide excessive amounts of material given the fact that most potential research participants had just completed, or were completing briefs to the Premier's Commission on future health care for Albertans. No further changes were suggested by the draft team to the first-round questionnaire.

Consultation with the candidate's supervisor centered on the variable of governance. As a result of the discussion, governance was further seeded to include both the process and administrative aspect. No further changes were suggested for the first-round materials.

First-Round Policy Delphi

The first-round policy Delphi materials were distributed to the advisory panel on April 4, 1988. A copy of the questionnaire is found in Appendix B.

Questionnaire Distribution and Response

Potential participants generated from a previous study conducted by Guillemin (1987) were contacted by telephone regarding their initial interest in participating in the research study. The study design and methodology was explained including their responsibilities and rights as study participants. As a result, 24 nurse administrators from acute care and long term care in rural and urban settings in Alberta were formally invited to participate in the study. Agreement to participate was confirmed by a telephone call and a returned signed consent form. Twenty-four respondents participated in the first-round policy Delphi.

Analysis of First Round Responses

Analysis of first round responses was achieved through qualitative content analysis, the inductive development of categories of factors and summarizing, coupled with a frequency count of categories of factors and units. The procedure used for content analysis included:

1. Development of categories of factors
    a. Unitization of comments
    b. Coding of units
    c. Sorting of units
    d. Determination of categories of factors
    e. Resorting

2. Summarizing responses
    a. Determination of category factor descriptor
    b. Compilation of similar responses
    c. Editing of unique responses

3. Frequency count
    a. Categories of factors
    b. Units

Examination of the frequency counts revealed 55 external categories of factors with 220 units, and 18 internal categories of factors with 59 units. In all, a total of 279 units was condensed into 73 categories of factors. Additional comments were retained as written.

Second Round Policy Delphi

The second round policy Delphi materials were distributed to the advisory panel on May 13, 1988. A copy of the questionnaire is found in Appendix C.

Questionnaire Development

The purpose of the second round policy Delphi was to rate selected external and internal factors for their degree of importance and degree of influence on the policy implementation process. A rating scale was developed to assist participants in their choice but primarily for maintaining a high degree of consistency and thereby increasing the validity and reliability of the study. As in the first round questionnaire additional comments were sought.

Questionnaire Testing

Draft team members were requested to critique the second round questionnaire according to previously stated criteria. In addition, they were requested to identify the length of time required to complete the questionnaire.

All draft team members experienced the rating of several factors to have a high degree of importance as well as a negative impact on the process of implementation. All panel members suggested this caused a degree of contradiction in judgement, although it reflected their current perspective. Not all panel members agreed with the reasons for importance, however there was an acknowledgement of acute and long term care rural and urban viewpoints and the need to maintain this perspective. All panel members agreed that the questionnaire was relatively easier to complete than round one and suggested 30 minutes for completion time. No further changes were suggested to the second round questionnaire.

Questionnaire Distribution and Response

Twenty-four second round policy Delphi questionnaires were distributed to study participants and all twenty-four questionnaires were completed and returned.

Analysis of Second Round Responses

Data were analyzed to determine the relative significance of specific factors. Analysis of second round responses was achieved through quantitative content analysis which includes frequency analysis, scaling for importance, and contingency analysis. Initially, the frequency of ratings for each factor was computed using the Statistical Package for Social Sciences (SPSSX) program "Frequencies". As well, factors were scaled for importance through data from the SPSSX program "Crosstabulations" and significant and highly significant factors were determined. Major external and internal factors were identified as appearing on both the significant and highly significant lists of factors. Major external and internal factors were then rank ordered by the application of a weighting factor. In this manner, the primary major factor was identified as well as the remainder of factors in decreasing significance.

Contingency analysis also determined major external and internal factors by correlating those factors which appeared on both the significant and highly significant lists of factors.

No further additional comments were provided in the second round questionnaire.

Third Round Policy Delphi

The third round policy Delphi materials were distributed to the advisory panel on July 7, 1988. A copy of the questionnaire is found in Appendix D. In addition, third round policy Delphi materials were distributed to the reaction panel on July 11, 1988. A copy of the covering letter is found in Appendix E.

Questionnaire Development

Major external and internal factors were identified in the second round policy Delphi. The purpose of the third round policy Delphi was two-fold: to rate the impact of each of the major external and internal factors on the chief nurse administrator, the primary major factor, and to recommend possible strategies for each major factor for the chief nurse administrator to consider when implementing the position paper. A rating scale was developed to assist study participants maintain a high degree of consistency as well as to increase the validity and reliability of the study. As in previous rounds, additional comments were sought.

Questionnaire Testing

Draft team members were requested to critique the third round questionnaires according to previously stated criteria. As a result of their suggestions, minor changes in phrasing were incorporated into the directions. In addition, the words major factor and primary major factor were added to better distinguish between the two factors and highlight the intent of the third round questionnaire. No further changes were suggested for the questionnaire.

Questionnaire Distribution and Response

Twenty-four third round policy Delphi questionnaires were distributed to the advisory panel study participants and twenty-four questionnaires were completed and returned. Twenty-eight third round policy Delphi questionnaires were distributed to selected reaction panel study participants and fourteen questionnaires were completed and returned. The 50% response rate is accounted for by participant retirement, de-hiring, and geographic relocation.

Analysis of Third Round Responses

Data were analyzed by similar procedures outlined in the first two rounds. Quantitative methods of scaling for importance, frequency analysis, and contingency analysis were utilized to determine and analyze impacting factors on the chief nurse administrator, to analyze possible strategies for implementation, and to determine and analyze any differences between the advisory panel and reaction panel response rates. Qualitative methods, described earlier were used to categorize possible strategies for implementation and to summarize responses.

Examination of the data revealed a total of 722 suggested strategies of which 302 were original strategies. Additional comments were retained as written.

Policy Delphi Summary

The policy Delphi provided a forum for creative and innovative thinking regarding the implementation of the 1988 CNA position paper as perceived by nurse administrators responsible for implementation. Initially, external and internal factors were identified which might influence the implementation of a position paper. The identified factors were then rated according to degree of importance and influence. Finally, major external and internal factors were rated for their degree of impact and possible strategies were proposed for the chief nurse administrator to consider when implementing a position paper. In this way, the policy Delphi generated all possible views on the resolution of a policy issue, and presented all the options and evidence for consideration for the decision-maker to implement a position paper.

Summary

This chapter described the overall research design, methodology, and research procedures employed in this study. Historical data collection and analysis and the use of external and internal criticism, and synthesis and analysis were further described. Instrumentation, data collection, and methods of analysis pertaining to the policy Delphi were presented. The development of the three rounds of policy Delphi questionnaires was discussed. The chapter concluded with a summary of the policy Delphi and its utility for examining the process of policy implementation.

CHAPTER IV

STANDARDS FOR NURSING ADMINISTRATION: AN HISTORICAL PERSPECTIVE

The CNA has a long history of involvement in the evolution of nursing. The development of Canadian standards for nurse administrators, a recent event, is the association's response to concerns about problems in nursing service and the preparation of nurses for administrative roles. This chapter presents an historical overview of the events leading to the formulation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration. In particular, the description of the historical data collection, analysis and findings related to the position paper are presented.

The historical perspective is organized in two parts: Part I presents early events and conditions, from 1908 to 1980, which provided the impetus for formulating professional standards. These events and conditions are identified through an examination of the role of the CNA, its national objectives, and administrative studies, Part II presents the recent events and conditions, from 1980 to 1988, which led to the formulation of the 1988 position paper. Primary source documents served as the basis for this descriptive narrative.

PART I: THE ROLE OF CNA, NATIONAL OBJECTIVES AND ADMINISTRATIVE STUDIES

The Role of CNA and National Objectives

Under the British North American Act of 1867, matters pertaining to health and education are under the jurisdiction of provincial governments. Accordingly, the national nurses' association, whose membership includes nine provincial and two territorial nurses' associations can only recommend standards for practice. Nonetheless, this has not precluded CNA from initiating and promoting administrative standards, nor from involvement in studies which would necessitate the development of additional standards. At its beginning, CNA established priorities for each year. Beginning in 1922, priorities were set biennially, and that year were based on societal needs, the health care system and nursing education.

In 1908, the Canadian National Association of Trained Nurses (CNATN), the forerunner of CNA, consisted of alumni associations of hospital schools of nursing and local and regional groups of nurses (CNA, 1968). The major purpose for nurses' associations at this time was to establish educational standards for nursing (CNA, 1968). Accordingly, two of the original six objectives of CNATN were concerned with elevation of the standards for education, and promotion of a high standard of professional honor.

In 1924, CNATN amended their constitution to allow for a name change to the Canadian Nurses' Association, and revised their objectives to reflect their special needs. The primary focus of their objectives centered on the promotion of national unity for the national association.

The next two decades for CNA centered upon educational matters and promoting educational standards. In 1947, CNA was incorporated under the Statutes of Canada as a federation of provincially registered nurses' associations. Of interest that year were the objectives of the association which emphasized standards of nursing service and education, with new emphasis on ethics and public welfare (Mussallem, 1988:401). In 1970, additional objectives addressed social and economic welfare issues. Of interest to this research study were the priorities established for the 1980-82 biennium: nursing research and high standards of nursing administration. Nursing administration continued to be a priority for both the 1982-84 and 1984-86 biennium.

The promotion of high standards of nursing administration in order to achieve high quality nursing care for the people of Canada recognizes:

> the concern for standards to protect the public, which go back to (CNA) original objectives, but also recognizes that, in Canadian law, health and education are under provincial jurisdiction (Mussallem, 1988:402).

This overview of the beginnings of CNA, and its subsequent development of professional objectives to guide its activities throughout its biennia, provides insight into the role CNA has acquired. This role is characterized by its sensitivity to the needs of the profession as well as the needs of those served by the profession. National objectives concerned with standards of professional honor, practice, education, administration and research provide the impetus for articulating desirable professional standards.

The Role of CNA and Administrative Studies

The first recorded report pertaining to nursing administration was the 1926 Report on Nursing Service submitted by CNA at the request of the federal Department of Health. This report (1968:85) dealt with:

> statistical data; statements of issues and trends in nursing; the increasing difficulties of recruitment and the large number of drop-outs; the need to reduce wastage and conserve nurse power.

This study, the first of several, also dealt with manpower issues. In response to this study, the federal government provided the national association with the necessary resources, recruitment programs, grants to schools of nursing, wartime programs and bursaries to assist in building nursing manpower (Mussallem, 1988:404).

Another study in 1943 carried out for the Canadian Medical Procurement and Assignment Board regarding nursing service in Canada by CNA (1968) also revealed:

> a shortage of general duty nurses and recommended improved salaries and working conditions comparable to other occupations requiring equivalent preparation to alleviate the shortage and attract the quality of student desired.

CNA's role in reporting manpower concerns led to other related activities. By 1944, provincial association requests for a national policy statement on nursing and trade unions resulted in CNA being named as a national resource on collective bargaining and labor relations for all nurses (Mussallem, 1988:404).

Continuing concern in 1946 by CNA regarding nursing shortages resulted in a joint national committee, with the Canadian Hospital Association (CHA), to study manpower issues. This committee expanded to include the Canadian Medical Association (CMA) and the Canadian Public

Health Association (CPHA). This committee continues to meet regularly to discuss manpower issues related to health care personnel.

Concern about the role and educational preparation of nurse administrators led to a study by CNA in 1953. This study addressed the functions and activities of the head nurse in a general hospital. As a result of the findings of this study, CNA in 1960 published a manual for head nurses (MacPhail, 1988:41). During this time, universities began to focus on baccalaureate education and eliminate their one year post-R.N. diploma programs, including the diploma in nursing administration. With an emphasis on baccalaureate education which stressed clinical preparation and few courses on management, there was increased concern for preparing nurses for administrative roles. Collaborative efforts between the CNA and the CHA, in 1961, resulted in a distance education program: The Nursing Unit Administration Program, still in existence today (MacPhail, 1988:41..

Studies initiated in 1960 and published in 1966 on the quality of nursing service resulted in CNA representation to the Canadian Council on Hospital Accreditation Standards Committee in 1969. This was followed by a seat on the Canadian Council on Hospital Accreditation in 1973, and a second seat in 1976 (CNA, 1981:18). Nurse surveyors have been part of the hospital accreditation team since 1974. To assist directors of nursing to evaluate their service in preparation for accreditation, CNA in 1969 published Standards for Nursing Service in Health Care Facilities, A Self-Evaluation Guide (CNA, 1981:18).

In 1980, CNA knowledge of the establishment of a Task Force of the Canadian Council on Hospital Accreditation to review the Guide to Accreditation of Canadian Health Care Facilities: Acute Care Hospitals resulted in two resolutions to the Canadian Council on Hospital Accreditation:

> Resolution No. 1. Resolved that CNA publicly reaffirm its belief that the executive responsible for the Department of Nursing shall be an educationally qualified registered nurse who shall be a member of the senior hospital administrative staff, reporting directly to the Chief Executive Officer (CNA Report of the Executive Director; October, 1980).
>
> Resolution No. 2. Resolved that the CNA request the Canadian Council on Hospital Accreditation to emphasize the above standard which is stated in Standard No. 2 under Nursing Services section of the Guide to Hospital Accreditation 1977 as a basis for rating nursing departments (CNA Report of the Executive Director; October, 1980).

Further discussion of Resolution No. 1 and No. 2 resulted in the referral for further discussion and recommendation to the Task Force that reviewed Acute Care Guides during 1980 (CNA Report of the Executive Director; October, 1980).

Broader concerns have also been presented by CNA on behalf of the nursing profession to the federal government reviewing health services. In 1962, CNA presented a brief to the Royal Commission on Health Services entitled Statement to the Royal Commission on Health Services. Recommendations related directly to improving nursing service rather than the overall organization of health services or their fundings. Again in 1980, CNA presented a brief Putting Health into Health Care (CNA, 1980b). This brief in contrast to the 1962 brief, contained eight strong recommendations focusing on the health care system in terms of legislation, federal-provincial relationships, health care research, and health education. Of interest were the comments of Commissioner Emmett Hall who stated "it was one of the best briefs received and worthy of the closest attention from all levels of government" (Hall, 1980 cited in Mussallem, 1988:408).

This summary of CNA's involvement in studies pertaining to nursing administrative issues indicates interest in those matters that are of vital concern to the profession. The CNA has demonstrated a long-standing concern through its early studies of manpower issues, labor relations, functions and activities of management staff, the role and educational preparation of nursing administrators and the quality of nursing service. Knowledge gained from these studies supports the need for articulating desirable administrative standards.

PART II: FORMULATION OF THE 1988 CNA POSITION PAPER

In June, 1980 at the CNA Biennial Convention, a Resolution was put forward by the membership to study the education of nurses for nursing administration (CNA, 1981). Acting swiftly, the CNA commissioned Dr. Peggy Leatt, Associate Professor, Department of Health Administration, University of Toronto, to prepare a background paper to which the association could respond. Broadly defined, the discussion paper was to delineate issues and make recommendations regarding the education of nurses for nursing administration (CNA, 1983).

Education for Nursing Administration in Canada: A Discussion Paper

In August, 1981, Education for Nursing Administration in Canada: A Discussion Paper described the current status of education for nurse administrators in Canada, identified critical issues and concerns about educating persons for senior positions in administration, and outlined some possible strategies for the future (CNA, 1981). In all, ten recommendations addressing "the crisis in education for nursing administration" (CNA Report of the Executive Director: October, 1980) were presented. Included in these recommendations was the first attempt to clarify the role of future nurse administrators at various levels, and to developing standards for entry into practice in nursing administration (CNA, 1981). To pursue the recommendations, Leatt suggested CNA initiate the formation of a multi-agency steering committee (CNA, 1981). Membership in the steering committee would be representative of the CAUSN, CCHSE, CHA, and CPHA.

Response to the Discussion Paper

In October, 1981, the CNA Board of Directors approved Leatt's brief as a discussion paper (CNA Report of the Executive Director; October, 1981) and established an Ad Hoc Committee on Nursing Administration to:

> clarify the role of nurse administrators at various levels; develop standards for nursing administration; critically review the quality and availability of existing educational programs in nursing administration; and solicit feedback on the Leatt discussion paper from nurse administrators across the country (CNA, 1983).

In November, 1981, the CNA Board of Directors sponsored a National Nurse Administrators Forum. This forum, amongst other things, was utilized to "make public, the problems related to the education of nurses for nursing administration through the distribution of the Leatt discussion paper" (CNA Report of the Executive Director; December, 1981).

1981 Montebello Conference on Nursing Administration

In December, 1981, a Think Tank on Nursing Administration was held at Montebello, Quebec with participation by CAUSN, CHA, CCHSE, CNA, and the Principal Nursing Officer of Canada as an observer. The major purpose of the Think Tank was to explore possible joint action to help solve problems in nursing administration manpower. Leatt summarized highlights of her discussion paper and this provided a common framework from which to enter the discussion of problems. Using a nominal group process approach, four problems were identified as the most critical for nursing administration. These problems were identified to be:

1. Role: ambiguity in the role, unclear image, lack of recognition of the nurse administrator.
2. Education: educational deficiencies both in content and in accessibility for the preparation of nurse administrators.
3. Coordinated Effort: lack of identification of and coordinated effort of all parties involved to solve the problems.
4. Support: funding, incentives and other viable support is required in the preparation and recruitment of nurse administrators.

(CNA Report of the Executive Director; February, 1982).

It was further accepted that while the above four problems are only a portion of the complex issue, they are the most critical. The Ad Hoc Committee on Nursing Administration was apprised of the Montebello discussions and charged with the responsibility to prepare a discussion paper to address the role, education and support of nurse administrators with possible solution, and proposals for alternatives. The proposal would then be discussed with the three other collaborating national organizations, and if they agreed to the approach, then plans to establish an educational program would begin (CNA Report of the Executive Director; February, 1982).

Ad Hoc Committee on Nursing Administration

Two meetings were held by the Ad Hoc Committee on Nursing Administration in June and August of 1982 to prepare a draft document addressing the role of the nursing director and standards for nursing directors. Upon completion this draft was circulated to association members, nursing administration groups, and interested groups for feedback. As a result of the feedback, extensive revisions to the draft position paper were made. The revised final document was presented by the Chairman of the Ad Hoc Committee to the February meeting of the CNA Board of Directors (CNA Report of the Executive Director; December, 1982).

In February 1983, the CNA Board of Directors approved the revised 1983 position paper on The Role of the Nurse Administrator and Standards for Nursing Administration (CNA, 1983). The position paper was further shared with CAUSN, CHA and CCHSE in order to review current and future educational needs in relation to the standards for nursing administration (CNA Report of the Executive Director; October, 1983). As well, the position paper, according to Glass (CNA, 1983) was widely circulated to facilitate implementation of nursing administrative standards.

National Plan of Action for Nursing Administration

In fall, 1984, the CNA Board of Directors recognized the need to develop a national plan of action for nursing administration in Canada. To that end, another Ad Hoc Committee on Nursing Administration was established to develop a national plan (CNA, 1985) and then solicit feedback from appropriate stakeholder groups. The plan included objectives, strategies for attaining them, target dates and designated involved groups. The National Plan for Nursing Administration in Canada was presented by the committee and approved by the CNA Board of Directors in 1985. One of the objectives of the plan was to promote the implementation of the recommendations of the 1983 CNA position paper through increasing nurse administrators' awareness of the position paper and by encouraging the use of the position paper in health care agencies (CNA, 1985:2). To ensure continuing attention to the plan, regular monitoring was suggested by the Ad Hoc Committee on Nursing Administration.

On-going attention by the CNA Board to nursing administration issues prompted an invitation to CAUSN, CCHSE, CHA, and CPHA to attend a follow-up meeting to the 1981 Montebello Conference on Nursing Administration to discuss the 1983 position paper (CNA Report of the Executive Director; February, 1986).

1986 Montebello Conference on Nursing Administration

The Executive Directors of CAUSN, CCHSE, CHA, CNA, and CPHA met in 1986 in Montebello, Quebec as a follow-up to the 1981 meeting. Their purpose was threefold: to understand the content of the CNA paper; to identify issues that could be considered in its implementation; and to identify priorities for collaborative work by the five organizations to facilitate the development of nursing administration in Canada. As a result of the meeting, all five associations recommended an updated version of the 1983 position paper to reflect the additional roles of the nurse administrator in such areas as: work with outside agencies, the community and in the management of change. As well, a joint statement would be drafted and presented to the five Boards for support to assist in the development of graduate programs for nursing administrators. Another meeting in one year's time was agreed upon to evaluate the progress made on the subject (CNA Report of the Executive Director; September, 1986).

To enhance the visibility of nursing administration the conference members agreed to four strategies:

1. To enhance educational opportunities for nurse administrators through a co-authored article by the Member-at-Large Administration and the Director of Professional Services for the May 1986 issue of Dimensions in Health Care.
2. To enhance leadership in nursing administration through encouraging the ACEN in its development of a Canadian Journal of Nursing Administration and discussion of joint appointments between service and education.
3. To promote the development of research in nursing administration through the identification of sources of funding.
4. To increase funding to support improved preparation of nursing administration through promotion of graduate studies among nurses.

(CNA Report of the Executive Director; September 1986).

In October, 1986 the CNA Board of Directors established yet another Ad Hoc Committee on Nursing Administration to revise the 1983 position paper during 3 two-day meetings in 1987 (CNA Report of the Executive Director; April, 1987). A first draft was prepared in May, 1987 and reviewed in September, 1987. A second draft was sent to member associations, Deans of Nursing at universities and nursing administration interest groups for review by October, 1987. A final draft was prepared for presentation at the February 1988 Board of Directors Meeting.

1988 CNA Position Paper

In February, 1988 the CNA Board of Directors adopted the revised 1988 position paper on The Role of the Nurse Administrator and Standards for Nursing Administration (CNA, 1988). This revised paper addressed concerns raised by individual nurse administrators and nurse administrator interest groups across Canada which indicated the position paper required updating.

Joint Strategies for Nursing Administration

A series of meetings in 1988 and 1989 between five agency sponsors, CNA, CAUSN, CPHA, CCHSE and CHA led to approval of a 1989 Joint National Strategies for Nursing Administration by each organization (CNA, 1990a:28). A joint national and provincial lobby effort to increase access to education for nurse administrators was undertaken. Communication with both provincial and national lobby teams was established (CNA, 1990a:29) and updates were received by CNA regarding the lobby team efforts to increase educational access. Representatives met in December 1989 and January 1990 to draft a plan for 1990 which focuses on access to educational programs and advocacy initiatives (CNA, 1990b:5). The 1990 Joint Strategies for Nursing Administration was accepted by the CNA Board of Directors at the March 1990 meeting.

Summary

This chapter has provided an historical perspective of the events which led to the formulation of a position paper promoting standards for nursing administrative practice. The historical perspective was presented in two parts. The first part presented early events and conditions which provided the impetus for formulating professional standards. Events such as national objectives committed to standards of professional honor, practice, education, administration, and research were identified. In addition, CNA's involvement in the study of professional matters on manpower, labor relations, functions and activities of nursing management, the role and educational preparation of nursing administrators, and the quality of nursing service provided the insight for the articulation of administrative standards.

An examination of more recent events revealed that the first attempt to clarify the role of the nurse administrator and develop standards for entry into practice in nursing administration was found in Leatt's (1981) discussion paper. Subsequent events regarding nursing administration led to the eventual formulation of a position paper promoting professional standards for nurse administrators.

CHAPTER V

NURSE ADMINISTRATORS' PERCEPTIONS OF POLICY IMPLEMENTATION

The overall purpose of this study was to investigate the process of policy implementation as viewed by selected nurse administrators. Three rounds of policy Delphi questionnaires were used to collect data regarding the identification of external and internal factors expected to influence the implementation of a position paper; identify which factors have the greatest degree of importance and influence on the implementation of a position paper; identify the impact of the factors on the chief nurse administrator; and recommend possible strategies for the chief nurse administrator to consider for implementing a position paper. This chapter describes the data collection, analysis and findings for each of the three rounds of policy Delphi questionnaires. The rounds will be reported sequentially and group differences between the advisory and reaction panel will be addressed in the third-round of the policy Delphi findings.

First-Round Policy Delphi Findings

Overview

The purpose of the first-round policy Delphi questionnaire was for selected nurse administrators to identify external and internal factors expected to influence the implementation of the 1988 CNA position paper.

Study participants were provided with a questionnaire comprised of open-ended questions concerning eleven distinct categories of external and internal variables expected to influence the implementation of a position paper. These broad categories of variables were derived from a review of the literature pertaining to policy implementation and the role and educational preparation of nurse administrators. External variables consisted of political, economic, technological, demographic, social, regulatory, and ecological. Internal variables consisted of governance, implementor, substructure, and subsystem. Study participants were requested to identify any factors, within each broad category of variable expected to influence the implementation of the 1988 CNA position paper. Space was provided for three responses with the suggestion that participants may wish to identify fewer or more than three factors. Additional space was provided for the identification of other external and internal factors, as well as for additional comments. For each factor suggested by the participants, they were requested to support each choice with a reason for the importance of their selection.

Description of Data

Preceding the analysis of data, working copies of the questionnaires were established from the original responses provided by study participants. When all questionnaires were received, each respective sheet of each questionnaire was coded with the study participant's number, photocopied and the originals set aside. All subsequent data analysis was carried out on the duplicated materials.

An examination of all returned questionnaires revealed that all of the study participants did not respond to identification of each variable type. Table 1 depicts the number of respondents identifying each variable type.

Table 1
Number of Respondents Identifying Each Variable Type

Variable	Number of Respondents
Political	24
Economic	24
Technological	23
Demographic	22
Social	24
Regulatory	24
Ecological	18
Governance	24
Implementor	24
Substructure	23
Subsystem	22

Data were analyzed through the use of content analysis procedures. In the first-round policy Delphi, the qualitative technique of content analysis by developing categories of factors and summarizing responses, followed by frequency counts of the resulting units and categories of factors was employed.

Developing Categories of Factors

Each broad category of variables was transcribed individually on cards to initiate the process of content analysis. Specific categories of factors were then developed through the unitization of comments followed by coding of units, sorting, determination of categories of factors, and finally resorting. A description of each procedure is provided in the following paragraph.

Initially, comments were unitized by examining the Reasons for Importance for factors for single ideas. An example of a response containing more than a single statement or idea included:

REGULATORY

FACTOR: Canadian Nurses Association

> REASON FOR IMPORTANCE: Many nurses do not know the roles/functions of the CNA therefore they will minimize the significance of the paper. Many nurses do not see the CNA as a leader in policy/standard development.

The reasons provided constitute two separate statements or ideas and were considered as two separate units, for the identified factor.

Secondly, each unit was coded as to the type of factor it originated under in the participant's questionnaire, and with the study participant's number. Next, each unit was cut out from the working materials and sorted according to the factor it was identified under. Fourthly, the units were then carefully examined for similarities, and mutually exclusive and exhaustive classifications were determined. Lastly, the units were resorted into appropriate categories of factors and assembled on sheets of paper headed by each variable.

Summarizing Responses

All responses in each category of factors were reviewed for similarities and differences. A label for the factor, derived from the data, was then determined and written out. Next, all similar reasons for importance were aggregated into a single statement, utilizing study participants' wording when possible. Lastly, unique reasons were reproduced as written, and then edited. An example of the procedure utilized for summarizing responses in the category Regulatory included:

> Response 1: Factor: Accreditation Standards
> Reason for Importance: Differ from CNA standards.
>
> Response 2: Factor: Accreditation
> Reason for Importance: Strong emphasis on quality assurance.

Response 3: Factor: Hospital Accreditation
Reason for Importance: Supportive of nursing directions and the single force to evaluate nursing.

Response 4: Factor: Hospital Accreditation
Reason for Importance: Sets levels of expected performance and encourages excellence in practice.

Response 5: Factor: Canadian Council on Hospital Accreditation
Reason for Importance: Compliment CNA Standards.

Response 6: Factor: Hospital Accreditation Standards
Reason for Importance: Do not address visionary aspect necessary in nursing administrators.

The summarized version of this category is as follows:

REGULATORY

FACTOR: Canadian Council on Hospital Accreditation

REASONS FOR IMPORTANCE:
Differ from CNA Standards
Compliment CNA Standards
Set levels of expected performance
Encourages excellence in practice
Supportive of nursing directions
Single force to evaluate nursing
Do not address visionary aspect necessary in nursing administrators
Strong emphasis on Q.A.

Frequency Counts

A frequency count of units revealed 279 units or reasons compressed into 73 categories of factors. An analysis of the content from the first-round policy Delphi questionnaire is found in Table 2.

Table 2

Analysis of Content of First-Round Policy Delphi Questionnaire

Variable	Number of Units	Number of Factors
External Variables:		
Political	49	11
Economic	38	7
Technological	22	4
Demographic	32	13
Social	29	5
Regulatory	41	12
Ecological	9	3
TOTAL EXTERNAL VARIABLES	220	55
Internal Variables:		
Governance	26	5
Implementor	11	5
Substructure	11	4
Subsystem	11	4
TOTAL INTERNAL VARIABLES	59	18
TOTAL EXTERNAL AND INTERNAL VARIABLES	279	73

A more complete list of factors, number of reasons for importance, and number of participants who provided them is found in Table 3. In addition, Appendix C provides a complete list of factors with their reason for importance as identified in the first-round of the policy Delphi.

Table 3

External and Internal Factors Identified in the First-Round Policy Delphi Questionnaire, With Number of Reasons for Importance and Number of Respondents

Factor	Number of Reasons for Importance	Number of Respondents
A. EXTERNAL VARIABLES		
1. POLITICAL		
1. Lack of Unity in Commitment to Quality Health Care by Federal and Provincial Governments.	5	5
2. Dominance of the Progressive Conservative Party in Alberta.	11	11
3. Government Priorities Among Departments.	5	3
4. Government Priorities Within the Department of Hospitals and Medical Care.	3	3
5. Strained Relations Among Care Providers.	1	1
6. A Hospital in Every Rural Township.	4	2
7. Premier's Commission on Health Care 1988.	1	3
8. Alberta Hospital Association.	4	3
9. Powerful Physicians' Lobby.	5	10
10. Consumer of Health Care.	7	11
11. Nurses' Strike January 1988.	3	4
2. ECONOMIC		
1. Price of Oil and Gas.	1	1
2. Economic Recession.	8	8
3. Buoyant Economy.	4	5
4. Government Policy of Fiscal Restraint.	13	20
5. High Cost of Health Care.	5	7
6. Shortage of Nurses.	6	7
7. Provincial Budget Cuts to Educational Institutions.	1	3
3. TECHNOLOGICAL		
1. Rapidly Changing Technology.	2	2
2. Medical Technology.	8	15
3. Computer Technology.	11	21
4. Availability of Material Resources.	1	1

Table 3 (Cont'd)

Factor	Number of Reasons for Importance	Number of Respondents
4. DEMOGRAPHIC		
1. Growing Alberta Population.	1	1
2. Distribution of Health Care Facilities.	2	1
3. Demographic Character of the Client.	1	1
4. Declining Fertility Rate.	1	1
5. Changing Immigration Trends.	1	1
6. Trend to Regionalization.	1	1
7. Aging Population.	6	10
8. Trend to Institutionalization of Elderly.	2	2
9. Trend to Increased Complexity and Acuity of Clients.	2	2
10. AIDS	2	4
11. Epidemiological Research.	2	3
12. Trend Toward Health Promotion and Wellness.	9	13
13. Trends in Health Care Management.	2	1
5. SOCIAL		
1. Role of Woman in Society.	7	20
2. Role of the Nurse.	15	15
3. Meaning of Work.	4	4
4. Standardization of Nursing Education.	2	2
5. Community Support for Adjacent Hospitals Providing Identical Services.	1	1
6. REGULATORY		
1. Canada Health Act.	2	2
2. Meech Lake Accord, Section 106A.	1	1
3. Canadian Council on Hospital Accreditation.	8	6
4. Bill 44.	1	1
5. Nursing Profession Act.	2	4
6. Changes to R.N.A. Functions.	1	1
7. United Nurses of Alberta Union.	7	14
8. Collective Agreement.	4	5
9. Certification Programs.	3	2
10. Canadian Nurses Association.	3	4
11. Alberta Association of Registered Nurses.	6	7
12. Move to Privatization.	3	3

Table 3 (Cont'd)

Factor	Number of Reasons for Importance	Number of Respondents
7. ECOLOGICAL		
1. Social Conscience of Industry.	2	2
2. Physical Environment.	5	11
3. Risk Environment.	2	4
B. INTERNAL VARIABLES		
8. GOVERNANCE		
1. Mission Statement.	2	5
2. Board of Trustees.	7	10
3. Administrative Leadership.	6	6
4. Chief Nurse Administrator.	9	12
5. Corporate Will.	2	8
9. IMPLEMENTOR		
1. Dearth of Qualified Nursing Administrators.	2	3
2. Credibility of Implementor.	3	5
3. Use of Change Theory.	2	2
4. Process Skills.	1	1
5. Risk Taking.	3	3
10. SUBSTRUCTURE		
1. Ad Hoc/Advisory Committee.	3	4
2. Project Director for Standards.	4	2
3. Support Services.	2	11
4. Formal Communication Network.	2	3
11. SUBSYSTEM		
1. Size.	2	2
2. Attitude.	5	6
3. Educational Level.	3	6
4. Preceptorship/Mentoring.	1	1

Analysis of Data

The first-round policy Delphi questionnaire requested that study participants to identify both external and internal factors expected to influence the implementation of the 1988 CNA position paper. Data findings will therefore be reported initially from an external perspective, followed by an internal perspective, and culminating in a summary of both perspectives.

Identification of External Factors

All study participants (n=24) identified external factors for political, economic, social, and regulatory variables, however only 23 study participants identified factors for the technological variable, only 22 study participants identified factors for the demographic variable, only 18 study participants identified factors for the ecological variable and only three study participants provided additional comments. The identification of ecological factors posed the greatest challenge for study participants and the reason for this was undetermined. Nonetheless, 95% of the study participants identified external factors expected to influence the implementation of the 1988 CNA position paper.

Study participants identified 11 political factors expected to influence the implementation of a position paper. Seven of the identified factors related directly to government: Lack of Unity in Commitment to Quality Health Care by Federal and Provincial Governments; Dominance of the Progressive Conservative Party in Alberta; Government Priorities Among Departments; Government Priorities With the Department of Hospitals and Medical Care; A Hospital in Every Rural Township; Premier's Commission on Health Care 1988; and Alberta Hospital Association. The remaining four forces related to relevant stakeholders: Powerful Physicians' Lobby; Consumer of Health Care; Strained Relations Among Care Providers; and Nurses' Strike January 1988.

Study participants identified seven economic factors expected to influence the implementation of a position paper. Three of the identified factors related to the general environment: Price of Oil and Gas;

Economic Recession; and Buoyant Economy. The four remaining factors related to hospitals: Government Policy of Fiscal Restraint; High Cost of Health Care; Shortage of Nurses; and indirectly Provincial Budget Cuts to Educational Institutions.

Four technological factors expected to influence the implementation of a position paper were identified by study participants. All four factors related to general technological advances: Rapidly Changing Technology; Medical Technology; Computer Technology; and Availability of Material Resources.

Thirteen demographic factors were identified by study participants. Six factors related to Alberta's population: Growing Alberta Population; Distribution of Health Care Facilities, Demographic Character of the Client; Declining Fertility Rate; Changing Immigration Trends; and Aging Population. The remaining seven factors related to hospitals: Trend to Regionalization; Trend to Institutionalization of Elderly; Trend to Increased Complexity and Acuity of Clients; AIDS; Epidemiological Research; Trend Toward Health Promotion and Illness; and Trends in Health Care Management.

Five social factors were identified as expected to influence the implementation of a position paper. One of the factors, the Role of Women in Society related to the general environment, while the remaining four factors related to hospitals: Role of the Nurse; Meaning of Work; Standardization of Nursing Education; and Community Support for Adjacent Hospitals Providing Identical Services.

Study participants identified 12 regulatory factors. Based upon the stated reasons for importance, all 12 of the factors are directly related to hospitals in general and nursing in particular: Canada Health

Act; Meech Lake Accord Section 106A; Canadian Council on Hospital Accreditation; Bill 44; Nursing Profession Act; Changes to R.N.A. Functions; United Nurses of Alberta Union; Collective Agreement; Certification Programs; Canadian Nurses Association; Alberta Association of Registered Nurses; and Move to Privatization.

Three ecological factors were identified by study participants. One of the factors, Social Conscience of Industry related to the general environment, while the remaining two related directly to hospitals: Physical Environment; and Risk Environments.

Reasons For Importance Given

Study participants identified 220 reasons for importance for the 55 external factors they perceived would influence the implementation of the 1988 CNA position paper. The majority of statements reflected the importance of each factor related to its probable influence on the institution, either directly, such as the provision of resources to act, or indirectly, such as influences of interested stakeholders.

All reasons for importance reflected the perceptions of selected nurse administrators in urban and rural, acute care and long term care settings. The resulting lists nurse administrators suggested are not exhaustive, neither do they include the most important reasons for supporting a factor's significance, nor are they priorized in ascending or descending order. The reasons for importance substantiate each factor and provide further clarity for study participants to rate the degree of influence and importance of factors in the second-round of the policy Delphi. Table 4 depicts the total number of external and internal factors and reasons for importance identified by study participants.

Identification of Internal Factors

All study participants (n=24) identified factors for governance and implementor variables while only 23 study participants provided factors for the substructure variable, and only 22 study participants provided factors for the subsystem variable. In all, 97% of study participants identified internal factors expected to influence the implementation of the 1988 CNA position paper.

Five governance factors were identified by study participants. Two of the factors are related to the values held by the institution: Mission Statement; and Corporate Will. The remaining three factors are related to the individuals who influence and carry out the values of the organization: Board of Trustees; Administrative Leadership; and Chief Nurse Administrator.

All five implementor factors related directly to the ability and skills of the individual to implement a position paper: Dearth of Qualified Nursing Administrators; Credibility of Implementor; Use of Change Theory; Process Skills; and Risk Taking.

The four substructure factors identified by study participants related directly to the resource structures available to implement a position paper: Ad Hoc/Advisory Committee; Project Director for Standards; Support Services; and Formal Communication Network.

Study participants identified four subsystem factors expected to influence the implementation of a position paper. All factors related to those elements of the organization which influence the process of change: Size; Attitude; Educational Level; and Preceptorship/Mentoring.

Reasons for Importance Given

Study participants identified 59 reasons for importance for 18 internal factors they perceived would influence the implementation of the 1988 CNA position paper. Most statements reflected the importance of each factor related to its ability to directly influence the implementation of a position paper beginning with its introduction and infusion into the institution.

As stated earlier, all reasons for importance reflected the opinions of selected nurse administrators. These stated reasons provided additional support for study participants to rate external and internal factors for degree of importance and influence. Table 4 depicts the total number of external and internal factors and reasons for importance identified by study participants.

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Table 4
Total Number of External and Internal Factors and Reasons for Importance of First-Round Policy Delphi

Variables	Number of Factors	Number of Reasons for Importance
EXTERNAL VARIABLES:		
Political	11	49
Economic	7	38
Technological	4	22
Demographic	13	32
Social	5	29
Regulatory	12	41
Ecological	3	9
TOTAL EXTERNAL VARIABLES:	55	220
INTERNAL FACTORS:		
Governance	5	26
Implementor	5	11
Substructure	4	11
Subsystem	4	11
TOTAL INTERNAL FACTORS:	18	59

Table 4 (Cont'd)

Variable	Number of Factors	Number of Reasons for Importance
TOTAL EXTERNAL AND INTERNAL FACTORS:	73	279

Additional Comments

Three study participants offered additional comments. One comment addressed the degree to which the standards had been implemented within her organization and the positive effect of primary nursing regarding standard implementation. Another participant recommended the need for nursing administrators to work together as a team inorder to enhance the image of the profession in the community. Still another recommended the need for extensive lobbying within governments if standards are to become policy. All three additional comments are reproduced verbatim and are found in the ADDITIONAL COMMENTS of the second-round policy Delphi questionnaire located in Appendix C.

Summary of Findings

The purpose of the first-round policy Delphi was for selected nurse administrators to identify external and internal factors expected to influence the implementation of the 1988 CNA position paper. Study participants identified a total of 73 external and internal factors and 279 reasons for importance. The greatest number of factors identified were demographic factors (13), followed by regulatory factors (12), political factors (11), economic factors (7), social, governance and implementor factors (5 each), technological, substructure and subsystem factors (4 each), and ecological factors (3). The greatest number of reasons for importance provided were for political factors (49), followed by regulatory factors (41), economic factors (38), demographic factors (32), social factors (29), governance factors (26), technological factors (22), implementor, substructure and subsystem factors (11 each), and ecological factors (9). A high degree of agreement regarding the identification of factors occurred in several categories including technological, demographic, social, regulatory, and governance. The majority of proposed reasons for importance provided by study participants related to the direct or indirect influence of factors on an implementing institution.

Second-Round Policy Delphi Findings

Overview

The purpose of the second-round policy Delphi was for selected nurse administrators to rate external and internal factors identified in the first-round policy Delphi on two four-point scales regarding their degree of importance and degree of influence on the implementation of the 1988 CNA position paper. The study participants were provided with a questionnaire which included a comprehensive list of all external and internal factors and reasons for importance. In addition, two four-point rating scales were developed to provide greater meaning for the terms importance and influence and to increase the consistency in responses of nurse administrators. Additional comments were provided from the first-round policy Delphi as well as space for any responses study participants wished to make.

Description of Data

Data from the second-round of the policy Delphi were analyzed to determine the relative significance of specific external and internal factors. Significance was determined by calculating the percentage of the total number of study participants who rated both importance and influence as either 1 (Very Important, High Influence) or 2 (Important, Moderate Influence). A list of factors, ordered according to their significance is found in Table 5.

Table 5

Significance of External and Internal Factors, Second-Round Policy Delphi

Factor	Questionnaire Item	Number of Respondents	% of Total Group
Administrative Leadership	G3	24	100
Role of the Nurse	S2	23	95.8
Chief Nurse Administrator	G4	23	95.8
Process Skills	I4	23	95.8
Consumer of Health Care	P10	22	91.7
Trend Toward Health Promotion and Wellness	D12	22	91.7
Standardization of Nursing Education	S4	22	91.7
Mission Statement	G1	22	91.7
Board of Trustees	G2	22	91.7
Corporate Will	G5	22	91.7
Credibility of Implementor	I2	22	91.7
Use of Change Theory	I3	22	91.7
Government Priorities Among Departments	P3	21	87.5
Government Priorities Within Department of Hospitals and Medical Care	P4	21	87.5
Government Policy of Fiscal Restraint	E4	21	87.5
High Cost of Health Care	E5	21	87.5
Shortage of Nurses	E6	21	87.5
Computer Technology	T3	21	87.5
Trend to Regionalization	D6	21	87.5
Aging Population	D7	21	87.5
Canada Health Act	R1	21	87.5
Nursing Profession Act	R5	21	87.5
Educational Level	SY3	21	87.5
Dominance of the Progressive Conservative Party in Alberta	P2	20	83.3
Trend to Increased Complexity and Acuity of Clients	D9	20	83.3
Trends in Health Care Management	D13	20	83.3
Canadian Council on Hospital Accreditation	R3	20	83.3
Alberta Association of Registered Nurses	R11	20	83.3
Ad Hoc/Advisory Committee	ST1	20	83.3

Table 5 (Cont'd)

Factor	Questionnaire Item	Number of Respondents	% of Total Group
Premier's Commission on Health Care '88	P7	19	79.1
Nurses Strike January '88	P11	19	79.1
Meech Lake Accord	R2	19	79.1
Support Services	ST3	19	79.1
Lack of Unity in Commitment to Quality Health Care by Fed/Prov Governments	D13	18	75
Provincial Budget Cuts to Educational Institutions	E7	18	75
Role of Women in Society	S1	18	75
Collective Agreement	R8	18	75
Canadian Nurses Association	R10	18	75
Dearth of Qualified Nursing Administrators	I1	18	75
Risk Taking	I5	18	75
Formal Communication Network	ST4	18	75
Attitude	SY2	18	75
Alberta Hospital Association	P8	17	70.8
Powerful Physicians' Lobby	P9	17	70.8
Economic Recession	E2	17	70.8
Rapidly Changing Technology	T1	17	70.8
Medical Technology	T2	17	70.8
United Nurses of Alberta Union	R7	17	70.8
Project Director for Standards	ST2	17	70.8
Preceptorship/Mentoring	SY4	17	70.8
Growing Alberta Population	D1	16	66.8
Distribution of Health Care Facilities	D2	16	66.8
Meaning of Work	S3	16	66.8
AIDS	D10	15	62.5
Strained Relations Among Care Providers	P5	14	58.3
Buoyant Economy	E3	14	58.3
Trend to Institutionalization of the Elderly	D8	14	58.3
Move to Privatization	R12	14	58.3

Table 5 (Cont'd)

Factor	Questionnaire Item	Number of Respondents	% of Total Group
A Hospital in Every Rural Township	P6	13	54.2
Price of Oil and Gas	E1	13	54.2
Demographic Character of the Client	D3	13	54.2
Certification Programs	R9	13	54.2
Size	SY1	13	54.2
Changes to RNA Functions	R6	12	50
Risk Environments	EL3	12	50
Physical Environments	EL2	11	45.8
Bill 44	R4	10	41.6
Epidemiology Research	D11	9	37.5
Availability of Material Resources	T4	7	29.2
Community Support for Adjacent Hospitals Providing Identical Services	S5	7	29.2
Changing Immigration Trends	D5	6	25
Declining Fertility Rate	D4	4	16.7
Social Conscience of Industry	EL1	4	16.7

Analysis of Data

Twenty-four completed questionnaires were returned as requested. No additional comments were provided although two study participants added—brief comments in the margin. These will be addressed under additional comments at the end of the section.

Significant External and Internal Factors

External and internal factors were determined significant if 83.3% or more study participants rated a factor either 1 or 2 for both degree of importance (1 = Very Important, 2 = Important) and degree of influence (1 = High Influence, 2 = Moderate Influence) regarding implementation of CNA Standards for Nursing Administration. Any factors with ratings other than a 1 or 2 were not considered for significance. A total of 29 significant factors thus identified is found in Table 6.

Significant external and internal factors were grouped into five categories of decreasing importance. All 24 respondents ranked Administrative Leadership as first. Three factors occurred in the second category and were supported by 95.8% of study participants: Role of the Nurse; Chief Nurse Administrator; and Process Skills. Eight factors occurred in the third category which were supported by 91.7% of study participants: Consumer of Health Care; Trend Toward Health Promotion and Wellness; Standardization of Nursing Education; Mission Statement; Board of Trustees; Corporate Will; Credibility of Implementors; and Use of Change Theory. The fourth category included 11 factors which were supported by 87.5% of study participants: Government Priorities Among Departments; Goverment Priorities Within Department of Hospitals and Medical Care; Goverment Policy of Fiscal Restraint; High Cost of Health Care; Shortage of Nurses; Computer Technology; Trend to Regionalizaton; Aging Population; Canada Health Act; Nursing Profession Act; and Educational Level. The fifth category rated significant by 83.3% of participants included six factors: Dominance of Progressive Conservative Party in Alberta; Trend to Increased Complexity and Acuity of Clients; Trends in Health Care Management; Canadian Council on Hospital Accreditation; Alberta Association of Registered Nurses; and Ad Hoc/Advisory Committee.

Table 6
Significant External and Internal Factors, Second-Round Policy Delphi

Rank Order	Factor	Number of Respondents	% of Total Group
1	Administrative Leadership	24	100
2	Role of the Nurse	23	95.8
	Chief Nurse Administrator	23	95.8
	Process Skills	23	95.8
3	Consumer of Health Care	22	91.7
	Trend Toward Health Promotion and Wellness	22	91.7
	Standardization of Nursing Education	22	91.7
	Missing Statement	22	91.7
	Board of Trustees	22	91.7
	Corporate Will	22	91.7
	Credibility of Implementor	22	91.7
	Use of Change Theory	22	91.7
4	Goverment Priorities Among Departments	21	87.5
	Government Priorities Within Department of Hospitals and Medical Care	21	87.5
	Government Policy of Fiscal Restraint	21	87.5
	High Cost of Health Care	21	87.5
	Shortages of Nurses	21	87.5
	Computer Technology	21	87.5
	Trend to Regionalization	21	87.5
	Aging Population	21	87.5
	Canada Health Act	21	87.5
	Nursing Profession Act	21	87.5
	Educational Level	21	87.5
5	Dominance of Progressive Conservative Party in Alberta	20	83.3
	Trend to Increased Complexity and Acuity of Clients	20	83.3
	Trends in Health Care Management	20	83.3
	Canadian Council on Hospital Accreditation	20	83.3
	Alberta Association of Registered Nurses	20	83.3
	Ad Hoc/Advisory Committee	20	83.3

Highly Significant External and Internal Factors

External and internal factors were rated highly significant if 37.5% or more of the study participants rated a factor as 1 for both degree of importance and degree of influence (Very Important, High Influence). Again, a total of 29 factors were identified as highly significant, but different from those identified as significant factors. Table 7 depicts highly significant external and internal factors as identified in the second-round of the policy Delphi.

Highly significant factors were grouped into ten categories. The highest ranking factor, supported by 87.5% of study participants was the Chief Nurse Administrator. The second place category, supported by 79.1% of study participants was Administrative Leadership. In third place, supported by 70.8% of participants was the Role of the Nurse. In fourth place, supported by 62.5% of participants was Government Policy of Fiscal Restraint. The fifth category contained two factors supported by 58.3% of participants included: Government Priorities Within Department of Hospitals; and Medical Care. The sixth category included two factors supported by 54.2% of participants and included: Powerful Physicians' Lobby; and Credibility of Implementors. Four factors occurred in the seventh category and rated by 50% of study participants: Dominance of the Progressive Conservative Party in Alberta; Canada Health Act; Nursing Profession Act; and Board of Trustees. Six factors occurred in the eighth category and rated by 45.8% of study participants: Consumer of Health Care; Shortage of Nurses; Trend Towards Health Promotion and Wellness; Trends in Health Care Management; Mission Statement; and Attitude. The ninth category contained four factors and supported by 41.6% of study participants included: Computer Technology;

Trend to Institutionalization of the Elderly; Dearth of Qualified Nursing Administrators; and Process Skills. The tenth or final category contained eight factors and supported by 37.5% of study participants: Government Priorities Among Departments; Economic Recession; High Cost of Health Care; Provincial Budget Cuts to Institutions; Role of Women in Society; Alberta Association of Registered Nurses; Use of Change Theory; and Ad Hoc/Advisory Committee.

Table 7

Highly Significant External and Internal Factors, Second-Round Policy Delphi

Rank Order	Factor	Questionnaire Item	Number of Respondents	% of Total Group
1	Chief Nurse Administrator	G4	21	87.5
2	Administrative Leadership	G3	19	79.1
3	Role of the Nurse	S2	17	70.8
4	Government Policy of Fiscal Restraint	E4	15	62.5
5	Government Priorities Within Department of Hospitals and Medical Care	P4	14	58.3
6	Powerful Physicians' Lobby Credibility of Implementor	P9 I2	13 13	54.2 54.2

Table 7 (Cont'd)

Rank Order	Factor	Questionnaire Item	Number of Respondents	% of Total Group
7	Dominance of the Progressive Conservative Party in Alberta	P2	12	50
	Canada Health Act	R1	12	50
	Nursing Profession Act	R5	12	50
	Board of Trustees	G2	12	50
8	Consumer of Health Care	P10	11	45.8
	Shortage of Nurses	E6	11	45.8
	Trend Toward Health Promotion and Wellness	D12	11	45.8
	Trends in Health Care Management	D13	11	45.8
	Mission Statement	G1	11	45.8
	Attitude	SY2	11	45.8
9	Computer Technology	T3	10	41.6
	Trend to Institutionalization of the Elderly	D8	10	41.6
	Dearth of Qualified Nursing Administrators	I1	10	41.6
	Process Skills	I4	10	41.6
10	Government Priorities Among Departments	P3	9	37.5
	Economic Recession	E2	9	37.5
	High Cost of Health Care	E5	9	37.5
	Provincial Budget Cuts to Educational Institutions	E7	9	37.5
	Role of Women in Society	S1	9	37.5
	Alberta Association of Registered Nurses	R11	9	37.5
	Use of Change Theory	I3	9	37.5
	Ad Hoc/Advisory Committee	ST1	9	37.5

Major External and Internal Factors

Twenty-two external and internal factors emerged on both the significant and highly significant lists of factors. These factors were designated as major external and internal factors and became the focal point for the subsequent third-round policy Delphi questionnaire. A list of major external and internal factors indicating the number and percentage of respondents who rated each factor as significant or highly significant is found in Table 8.

Table 8
Major External and Internal Factors, Second-Round Policy Delphi

Major Factors	Number of Respondents Rating Factor Significant	% of Respondents Rating Factor Significant	Number of Respondents Rating Factor Highly Significant	% of Respondents Rating Factor Highly Significant
Administrative Leadership	24	100	19	79.2
Role of the Nurse	23	95.8	17	70.8
Chief Nurse Administrator	23	95.8	21	87.5
Process Skills	23	95.8	10	41.7
Consumer of Health Care	22	91.7	11	45.8
Trend Toward Health Promotion and Wellness	22	91.7	11	45.8
Mission Statement	22	91.7	11	45.8
Board of Trustees	22	91.7	12	50
Credibility of Implementor	22	91.7	13	54.2
Use of Change Theory	22	91.7	9	37.5
Government Priorities Among Departments	21	87.5	9	37.5
Government Priorities Within Department of Hospitals and Medical Care	21	87.5	14	58.3
Government Policy of Fiscal Restraint	21	87.5	15	62.5
High Cost of Health Care	21	87.5	9	37.5

Table 8 (Cont'd)

Major Factors	Number of Respondents Rating Factor Significant	% of Respondents Rating Factor Significant	Number of Respondents Rating Factor Highly Significant	% of Respondents Rating Factor Highly Significant
Shortage of Nurses	21	87.5	11	45.8
Computer Technology	21	87.5	10	41.7
Canada Health Act	21	87.5	12	50
Nursing Profession Act	21	87.5	12	50
Dominance of the Progressive Conservative Party in Alberta	20	83.5	12	50
Trends in Health Care Management	20	83.5	11	45.8
Alberta Association of Registered Nurses	20	83.5	9	37.5
Ad Hoc/Advisory Committee	20	83.5	9	37.5

Each of the 22 factors were then assigned a weighting score consisting of one point per respondent who rated the factor as significant and one point per respondent who rated the factor as highly significant. In this manner, a list of rank-ordered major external and internal factors emerged and is found in Table 9.

Table 9
Rank-Ordered Major External and Internal Factors, Second-Round Policy Delphi

Rank	Weighting Score	Major Factor
1	44	Chief Nurse Administrator
2	43	Administrative Leadership

Table 9 (Cont'd)

Rank	Weighting Score	Major Factor
3	40	Role of the Nurse
4	36	Government Policy of Fiscal Restraint
5	35	Government Priorities Within Department of Hospitals and Medical Care
	35	Credibility of Implementor
6	34	Board of Trustees
7	33	Canada Health Act
	33	Nursing Profession Act
	33	Consumer of Health Care
	33	Trend Toward Health Promotion and Wellness
	33	Mission Statement
	33	Process Skills of Implementor
8	32	Dominance of the Progressive Conservative Party in Alberta
	32	Shortage of Nurses
9	31	Trends in Health Care Management
	31	Computer Technology
	31	Use of Change Theory by Implementor
10	30	Government Priorities Among Departments
	30	High Cost of Health Care
11	29	Alberta Association of Registered Nurses
	29	Use of Ad Hoc/Advisory Committee

The list of rank-ordered major external and internal factors were assembled into 11 categories of decreasing importance. The highest ranking category consisted of the single factor, Chief Nurse Administrator. The second category also contained one single factor, Administrative Leadership. As well, the third category contained a single factor, Role of the Nurse. The fourth category also contained a single factor of Government Policy of Fiscal Restraint. The fifth category contained two factors: Government Priorities Within Department of Hospitals and Medical Care; and Credibility of Implementor. The six category contained a single factor of Board of Trustees. The seventh category contained six factors: Canada Health Act; Nursing Profession Act; Consumer of Health Care; Trend Toward Health Promotion and Wellness; Mission Statement and Process Skills of Implementor. There were two factors in the eighth category: Dominance of the Progressive Conservative Party in Alberta; and Shortage of Nurses. The ninth category contained three factors: Trends in Health Care Management; Computer Technology; and Use of Change Theory by Implementor. The tenth category contained two factors: Government Priorities Among Departments; and High Cost of Health Care. The final or eleventh category also contained two factors: Alberta Association of Registered Nurses; and Use of Ad Hoc/Advisory Committee.

Additional Comments

No formal additional comments were provided by study participants. However, two participants provided brief comments in the margin of their questionnaire. One study participant indicated some difficulty in resolving the positive and negative effect within the degree of influence and the confusion if a factor has a negative effect but also be a major influence. Another study participant raised a similar concern when rating the factor of economic recession as the influence is very important and yet a positive effect will not occur. No further comments were provided by study participants.

Implementation Variables

An analysis of the external and internal implementation variables which provided the focus of the initial two rounds of the policy Delphi is depicted in Table 10. The major external and interal factors are rank-ordered according to their weighting score established previously, and assigned a total weight in accordance with the total sum of the weighting scores for each of the major external and internal factors. Governance factors were determined as the most important and influential factor based upon a realtive sum weight of 154 and an absolute number of four factors identified in this area. Close behind in importance and influence were political factors with a weight of 130 and also four factors identified in this area. Of secondary importance and influence were implementor factors with a weight of 99; economic factors with a weight of 98; regulatory factors with a weight of 95; and each identifying three factors in their area. Demographic factors were

Table 10
Implementation Variables and Major External and Internal Factors Identified in the Second-Round Policy Delphi with Weighting Score

Implementation Variables	Major Internal and External Factors	Weighting Score	Total Weight
Governance	Chief Nurse Administrator	44	
	Administrative Leadership	43	
	Board of Trustees	34	
	Mission Statement	33	154
Political	Government Priorities Within Department of Hospitals and Medical Care	35	
	Consumer of Health Care	33	
	Dominance of the Progressive Conservative Party in Alberta	32	
	Government Priorities Among Departments	30	130

Table 10 (Cont'd)

Implementation Variables	Major Internal and External Factors	Weighting Factor	Total Weight
Implementor	Credibility of Implementor	35	
	Process Skills of Implementor	33	
	Use of Change Theory	31	99
Economic	Government Policy of Fiscal Restraint	36	
	Shortage of Nurses	32	
	High Cost of Health Care	30	98
Regulatory	Canada Health Act	33	
	Nursing Profession Act	33	
	Alberta Association of Registered Nurses	29	95
Demographic	Trend Toward Health Promotion and Wellness	33	
	Trends in Health Care Management	31	64
Social	Role of the Nurse	40	40
Technological	Computer Technology	31	31
Substructure	Use of Ad Hoc/Advisory Committee	29	29
Ecological	--	0	0
Subsystem	--	0	0

deemed as moderately important and influential with a weight of 64 and two identified factors. Of slight importance and influence were social factors with a weight of 40; technological factors with a weight of 31; substructure factors with a weight of 29; and each identifying one factor in their area. Ecological and subsystem factors were judged unimportant and uninfluential as no factors were identified as major in either area.

Influence of Major External and Internal Factors

Having classified and listed the major external and internal factors expected to influence the implementation of the 1988 CNA position paper, an examination of the reasons for importance for the major factors is in order. Table 11 depicts the rank-ordered major external and internal factors and their reasons for importance.

Table 11
Rank-Ordered Major External and Internal Factors and Their Reasons for Importance

Factor	Reason for Importance
1. Chief Nurse Administrator	Vision of the future of nursing; Controls own activities and resource allocation; Promotes knowledge of standards; Principle change agent; Makes decision and commitment to change; Promotes progress and acceptance to change; Establishes functions and influences substructures; Supported by Nurse Consultant in multifacility organizations; Uses formal and informal network.
2. Administrative Leadership	Provide direction and commitment; Influences corporate will; Impacts progress within subsystems; Provides active resistance; Lacks nursing perspective; Delineates organizational structure.
3. Role of the Nurse	Much misunderstanding of the current role of the nurse by public, media, health care administrators, other professionals and by many nurses; Traditional image of the nurse prevails; In administration viewed as hard, cold and asexual; Caring is difficult to quantify; Professional versus clinician; Shift from full-time to part-time status; Increasing dissatisfaction; Increased grievances; Unable to identify its professional domain; Do not seek upward mobility; Ineffective lobby group; Expanding - nurse midwife; Shift to lifetime commitment; Aspiring to board room positions; Self-directed, politically active.

Table 11 (Cont'd)

Factor	Reason for Importance
4. Government Policy of Fiscal Restraint	Leads to competition rather than collaboration; Focus on agency needs rather than patient needs; Competitive style requires different leadership styles; Policy shift to "not picking up the deficit"; Organizations forced to hold line or pay own way; Rural hospitals unable to set up foundations or access lottery monies to balance fiscal restraint; Small hospitals who reduce operating costs are penalized by having surplus taken back; Will require priority setting; Insufficient funds for staff development; Lack of a consistent base for decision making for hospital and community budgets; Decisions made according to squeaky wheel phenomenon; Results in move toward business model with resources allocated to marketing and away from nursing; Does not include monies for clinical research.
5. Government Priorities Within the Department of Hospitals and Medical Care	Will require greater accountability from hospitals; Will force hospitals to be more creative in maintaining quality of care with fewer resources; Will determine growth rate of programs and facilities; Dependence on government funding occurs at the expense of hospital autonomy; Fragmented funding makes it difficult to provide coordinated care for patients with complex problems.
Credibility of Implementor	Demonstrates commitment to position, skill in using resources and acting progressively and creatively; Knowledge of implementation strategies; Allowing for "thinking" time.
6. Board of Trustees	Provide authority for action; Affects ability to effect change; Provide resources for actions; As your rural neighbor or friend easier to lobby; Omnipotent in rural areas; Old boy's club still prevalent; Limited educational preparation.
7. Canada Health Act	Federal government is supportive of the expanded role of the nurse; Nurses as the entry point to the health care system.

Table 11 (Cont'd)

Factor	Reason for Importance
Nursing Profession Act	Regulates nursing practice; Any imposed revisions would change environment in which nurses function.
Consumer of Health Care	Increased expectations for provision of high quality health care; More informed and better educated; Choosing self care concept; More aware of their rights; Articulating their wishes ie) Coalition for Universal Health Care for Albertans; Concern for escalating health costs while demanding the best; Needs encouragement to develop self care practices.
Trend Toward Health Promotion and Wellness	Issues are viewed as those within the nursing role; Not easily accepted by "old" nurses or other health care professionals; Will take nurses away from the bedside; Nurses educated to treat pathology; Bridges gap between in-patient and out-patient care; Shift to Day Hospitals; Need to foster Health Cities concept; Strong support by community agencies; Influences mortality rates.
Mission Statement	Outlines organizational philosophy, values, goals; Provides direction, scope and priorities.
Process Skills of Implementor	Information and interpersonal skills are effective persuaders.
8. Dominance of the Progressive Conservative Party in Alberta	Priorities set for political reasons; Present philosophy affects funding; Policies influence quality of services to be provided; Insensitive to labour requests; Lack of support for advanced education for nurses by elected nurse MLA's; Historically not supportive of professional issues; Inadequate funding for academic nursing programs; On record for not supporting EP 2000; Standards may be viewed as setting a higher standard than government wants/can afford; Pressure to control expanded role of professional nursing practice; Will create difficulty in preparing and attracting highly qualified nurse administrators.

Table 11 (Cont'd)

Factor	Reason for Importance
Shortage of Nurses	National and provincial concern; Need a strong, qualified and stable workforce to succeed with standards; Many choosing when to work; Need qualified nursing leaders who are independent, innovative, creative and highly motivated in key areas to make implementation possible; Corporations without vision will resort to task oriented level of care givers rather than retaining professional nurses; Resources need to be directed toward recruitment and retention and optimum use of human resources.
9. Trends in Health Care Management	Will require use of new nursing knowledge; Will require innovative use of professional nursing to deliver health care.
Computer Technology	Appropriate equipment and available expertise facilitates the management of nursing administration; Generates data base for decision-making; Provides for hospital wide information system; Provides for rapidity of information exchange; Requires additional staff development; Many administrators are computer illiterate; Difficult to develop and maintain skills in rural areas; Lacks a "technology" unique to the function of nursing; Creates a credibility problem; Constant change provides a destabilizing effect; Art of nursing risks being lost.
Use of Change Theory by Implementor	Blank adoption of standards will not be accepted; Provides support during transition and acceptance stage.
10. Government Priorities Among Departments	Will require greater accountability from hospitals; Will force hospitals to be more creative in maintaining quality of care with fewer resources; Will determine growth rate of programs and facilities; Dependence on government funding occurs at the expense of hospital autonomy; Fragmented funding makes it difficult to provide coordinated care for patients with complex problems.

Table 11 (Cont'd)

Factor	Reason for Importance
High Cost of Health Care	Government will support any measures which provide more cost effective services ie) standard implementation; May create a reallocation of resources away from nursing services; Produces ethical dilemmas; Focus on demonstrating productivity; Required skilled leaders for resource utilization.
11. Alberta Association of Registered Nurses	Influential factor in obtaining membership support; Lobby's effectively; Viewed as a non-entity and inept; Aversion to addressing difficult political and economic issues; Real support for standards will be minimal; Professionalism of nurses not emphasized as strongly as it could.
Use of Ad Hoc/ Advisory Committee	Ownership develops with involvement; Identifies necessary functions; Provides for creative problem-solving approach - quality of care.

A closer examination of the reasons for importance provided by selected nurse administrators revealed detailed supportive arguments for each of the major factors regarding the process of implementation. The supportive arguments were generally presented from two perspectives. Arguments pertaining to the major internal factors of Chief Nurse Administrator; Administrative Leadership; Credibility of Implementor; Board of Trustees; Mission Statement; Process Skills of Implementor; Computer Technology; Use of Change Theory; Alberta Association of Registered Nurses; and Use of Ad Hoc/Advisory Committee were concerned with the aspect of process or specific activities or actions to be undertaken to initiate the implementation process in an organization.

Arguments pertaining to the major external factors of Role of the Nurse; Government Policy of Fiscal Restraint; Government Priorities Within the Department of Hospitals and Medical Care; Canada Health Act; Nursing Profession Act; Consumer of Health Care; Trend Toward Health Promotion and Wellness; Dominance of the Progressive Conservative Party in Alberta; Shortage of Nurses; Trends in Health Care Management; Computer Technology; Government Priorities Among Departments; High Cost of Health Care; and Alberta Association of Registered Nurses were generally concerned with the aspect of specific issues implementing organizations would need to address or resolve to proceed with the implementation of the 1988 CNA position paper. Therefore, in order to implement a position paper within an organization the chief nurse administrator would need to address two major influences consisting of process and issues related to the implementation process.

Further examination of the reasons for importance for major external and internal factors suggested ten areas of influence which fell into the categories defined by the two major influences: These included:

1. Process
    - a. Provision of Authority and Resources for Action
    - b. Commitment to Change
    - c. Provision of Direction, Scope and Priorities
    - d. Dissemination of Standards
    - e. Use of Appropriate Skills
2. Issues
    - a. Professional Domain
    - b. Recruitment and Retention
    - c. Health Consumer Expectations

d. Creative Resource Priority Setting

e. Lack of Government Support

A matrix of suggested areas of influence, major external and internal factors and major influences is depicted in Table 12. An examination of the matrix revealed that the issues received greater emphasis with a total of 20 notations for suggested areas of influence while process received a total of 16 notations. The most frequently noted suggested area of influence for the major influence of issues was Professional Domain, referred to eight times, followed by Creative Resource Priority Setting referred to five times, Health Consumer Expectations referred to four times, Recruitment and Retention referred to twice, and Lack of Government Support referred to once. The most frequently noted suggested areas of influence for the major influence of process were Commitment to Change; Dissemination of Standards; and Use of Appropriate Skills, all referred to four times, followed by Provision of Direction, Scope and Priorities referred to three times, and Provision of Authority and Resources for Action referred to once.

Table 12

Major External and Internal Factors, Major Influences and Suggested Area of Influence, Second-Round Policy Delphi

Major Influence	Process					Issues				
Factor \ Suggested Area of Influence	Provision of Authority and Resources for Action	Commitment to Change	Provision of Direction, Scope and Priorities	Dissemination of Standards	Use of Appropriate Skills	Professional Domain	Recruitment and Retention	Health Consumer Expectations	Creative Resource Priority Setting	Lack of Government Support
Chief Nurse Administrator		x	x	x						
Administrative Leadership		x	x							
Role of the Nurse						x	x			
Government Policy of Fiscal Restraint									x	
Goverment Priorties Within Departments of Hospitals and Medical Care									x	
Credibility of Implementor		x		x	x					
Board of Trustees	x	x								
Canada Health Act						x				
Nursing Profession Act						x				
Consumer of Health Care								x		
Trend Toward Health Promotion and Wellness								x		
Mission Statement			x							
Process Skills of Implementor					x					
Dominance of the Progressive Conservative Party in Alberta						x			x	x
Shortage of Nurses						x	x			
Trends in Health Care Management						x		x		
Computer Technology				x		x				
Use of Change Theory					x					
Government Priorities Among Departments									x	

Table 12 (Cont'd)

Major Influence Process Issues

Suggested Area of Influence / Factor	Provision of Authority and Resources for Action	Commitment to Change	Provision of Direction, Scope and Priorities	Dissemination of Standards	Use of Appropriate Skills	Professional Domain	Recruitment and Retention	Health Consumer Expectations	Creative Resource Priority Setting	Lack of Government Support
High Cost of Health Care								x	x	
Alberta Association of Registered Nurses				x		x				
Use of Ad Hoc/ Advisory Committee					x					
TOTAL	1	4	3	4	4	8	2	4	5	1

Summary of Findings

The purpose of the second-round policy Delphi was for selected nurse administrators to rate the external and internal factors identified in the first-round policy Delphi regarding their degree of importance and degree of influence on the implementation of the 1988 CNA position paper. From two separate lists of significant and highly significant factors, a final list of 22 major external and internal factors was identified by incorporating all factors which appeared on both the first two lists. These 22 factors were then assigned a weighting score and a final list of rank-ordered major external and internal factors evolved. The highest ranking order factor was the chief nurse administrator. In order of importance, the rank-ordered major external and internal factors identified in the second-round policy Delphi were:

1. Chief Nurse Administrator
2. Administrative Leadership
3. Role of the Nurse
4. Government Policy of Fiscal Restraint

5. Government Priorities Within Department of Hospital and Medical Care
   Credibility of Implementor
6. Board of Trustees
7. Canada Health Act
   Nursing Profession Act
   Consumer of Health Care
   Trend Toward Health Promotion and Wellness
   Mission Statement
   Process Skills of Implementor
8. Dominance of the Progressive Conservative Party in Alberta
   Shortage of Nurses
9. Trends in Health Care Management
   Computer Technology
   Use of Change Theory by Implementor
10. Government Priorities Among Departments
    High Cost of Health Care
11. Alberta Association of Registered Nurses
    Use of Ad Hoc/Advisory Committee

An analysis of the external and internal implementation variables, which provided the focus for the study, determined that study participants considered governance factors the most important and influential factor, followed closely by political factors. Of secondary importance and influence were implementor factors, economic factors and regulatory factors. Demographic factors were viewed only as moderately important and influential. Of slight importance and influence were social factors, technological factors, and substructure factors. Both ecological and subsystem factors were viewed unimportant and uninfluential on the implementation of the 1988 CNA position paper.

An examination of the reasons for importance for major external and internal factors revealed two major influences of process and issues. Suggested areas of influence for each major influence included:

1. Process
    a. Provision of Authority and Resources for Action
    b. Commitment to Change
    c. Provision of Direction, Scope and Priorities
    d. Dissemination of Standards
    e. Use of Appropriate Skills
2. Issues
    a. Professional Domain
    b. Recruitment and Retention
    c. Health Consumer Expectations
    d. Creative Resource Priority Setting
    e. Lack of Government Support

From the foregoing, it would appear that nurse administrators, in order to initiate the implementation of the 1988 CNA position paper within their organizations will need to address two major influences consisting of process and issues. In particular, the chief nursing administrator will need to take the initiative in demonstrating commitment to the CNA standards to the Board of Trustees, to senior administrative colleagues and nursing subordinates. The chief nurse administrator will need to establish the necessary substructures and subsystems to support this commitment and appoint appropriate personnel to facilitate and monitor the progress.

Concomitantly, the senior nurse administrator will need to address issues of the professional domain of nursing as well as recruitment and retention of the critical element of that domain, the nurses themselves. Expectations of the health consumer and the impact of the 1988 CNA position paper may need to be discussed in a public arena in order to influence government representatives to provide the necessary support for consumer expectations and standards for nurse administrators.

Third-Round Policy Delphi Findings

Overview

The purpose of the third-round policy Delphi was twofold: to rate the degree of impact of major external and internal factors identified in the second-round policy Delphi on the primary major factor, the chief nurse administrator; and to recommend possible strategies for the chief nurse administrator to consider for the implementation of the 1988 CNA position paper. Study participants were provided with a four-point rating scale to assist with selection but also to render greater consistency in participant response. In addition, space was provided for any additional comments the study participants wished to make. Responses from both the advisory and reaction panel members were sought and differences in response patterns were examined.

Description of Data

The data received were examined both to determine the degree of impact of specific major external and internal factors on the primary major factor, the chief nurse administrator, and to identify possible strategies for the chief nurse administrator to consider for implementing the 1988 CNA position paper. All respondents rated each major factor for its degree of impact on the primary major factor, the chief nurse administrator. As well, a total of 722 possible strategies were suggested of which 302 were original strategies. Table 13 depicts impacting factors on the chief nurse administrator, number of respondents rating impact, number of recommended possible strategies, number of respondents suggesting possible strategies and number of referral responses.

Table 13

Impacting Factors on the Chief Nurse Administrator, Number of Respondents Rating Impact, Number of Recommended Possible Strategies, Number of Respondents Suggesting Possible Strategies, and Number of Referral Responses Third-Round Policy Delphi

Impacting Factor on the Chief Nurse Administrator	Number of Respondents Rating Impact	Number of Recommended Possible Strategies	Number of Respondents Suggesting Possible Strategies	Number of Referral Responses
Administrative Leadership	38	66	36	-
Role of the Nurse	38	56	35	-
Goverment Policy of Fiscal Restraint	38	51	34	-
Government Priorities Within Departments of Hospitals and Medical Care	38	33	32	6
Credibility of Implementor	38	32	31	4
Board of Trustees	38	38	33	-
Canada Health Act	38	16	23	3
Nursing Profession Act	38	19	26	3
Consumer of Health Care	38	33	31	2
Trend Toward Health Promotion and Wellness	38	36	29	7
Mission Statement	38	34	33	-
Process Skills of Implementor	38	26	29	1
Dominance of the Progressive Conservative Party in Alberta	38	35	24	1

Table 13 (Cont'd)

Impacting Factor on the Chief Nurse Administrator	Number of Respondents Rating Impact	Number of Recommended Possible Strategies	Number of Respondents Suggesting Possible Strategies	Number of Referral Responses
Shortage of Nurses	38	46	32	2
Trends in Health Care Management	38	15	28	-
Computer Technology	38	35	28	-
Use of Change Theory	38	34	26	4
Goverment Priorities Among Departments	38	26	20	7
High Cost of Health Care	38	31	26	2
Alberta Association of Registered Nurses	38	39	28	-
Use of Ad Hoc/ Advisory Committee	38	21	24	1

Analysis of Data

All respondents (n=38) rated all major factors impacting the chief nurse administrator. However, not all respondents recommended possible strategies for the chief nurse administrator to consider for implementing the 1988 CNA position paper. Suggested reasons for this varied from conflicting work priorities to the complexity of the project. Thirty-six respondents, the highest number, provided responses for item 1 while the lowest response number was 20 for item 18. As well, 43 responses were referrals to other suggested strategies indicating a degree of overlap amongst the factors. Differences in response patterns between the advisory and reaction panel members were noted and will be discussed under group differences. Additional comments were provided by nine study participants and these will be addressed under additional comments at the end of this section.

Determining Impacting Factors

Data from the third-round of the policy Delphi were analyzed to determine a rank-ordered by weight list of major impacting factors on the primary major factor, the chief nurse administrator. Methodology similar to that employed in the second-round policy Delphi was utilized to generate the rank-ordered by weight list. This methodology included:

1. Development of a rank-ordered list of major impacting factors by percentage ratings of 1 and 2 (High Impact, Moderate Impact) and depicted in Table 14.

2. Development of a rank-ordered list of major impacting factors by percentage ratings of 1 (High Impact), and depicted in Table 15.

3. Development of a rank-ordered list of major impacting factors with weighting scores. The weighting scores were determined by assigning one point per respondent who rated the factor as #1 above and one point per respondent who rated the factor as in #2 above. The resulting list is depicted in Table 16 and provided the focus for further analysis.

The rank-ordered list of major impacting factors with weighting scores were assembled into 18 categories of decreasing importance. The first 11 categories contained single or triple factors consisting of the following: (1) Administrative Leadership; (2) Credibility of the Implementor; (3) Process Skills of Implementor; (4) Role of the Nurse;

Table 14

Major Impacting Factors on the Primary Major Factor, the Chief Nurse Administrator, Ranked by Percentage Rating of 1 (High Impact) and 2 (Moderate Impact), Third-Round Policy Delphi

Rank Order	Major Impacting Factor	Number of Respondents	Percentage of Total Group
1	Administrative Leadership	35	92.1
2	Credibility of Implementor	34	89.5
3	Role of the Nurse	33	86.9
	Process Skills of Implementor	33	86.9
	Shortage of Nurses	33	86.9
4	Use of Change Theory by Implementor	31	81.6
5	Government Policy of Fiscal Restraint	30	79.0
6	Government Priorities Within Departments of Hospitals and Medical Care	29	76.3
	Board of Trustees	29	76.3
	Mission Statement	29	76.3
	Trends in Health Care Management	29	76.3
7	Use of Ad Hoc/Advisory Committee	28	73.7
8	Nursing Profession Act	27	71.0
	Alberta Association of Registered Nurses	27	71.0
9	Consumer of Health Care	26	68.4
10	Trend Toward Health Promotion and Wellness	25	65.8
	Computer Technology	25	65.8
11	High Cost of Health Care	24	63.2
12	Government Priorities Among Departments	21	55.3

Table 14 (Cont'd)

Rank Order	Major Impacting Factor	Number of Respondents	Percentage of Total Group
13	Dominance of the Progressive Conservative Party in Alberta	14	36.9
14	Canada Health Act	13	34.2

Table 15

Major Impacting Factors on the Primary Major Factor, the Chief Nurse Administrator, Ranked by Percentage Rating of 1 (High Impact), Third-Round Policy Delphi

Rank Order	Major Impacting Factor	Number of Respondents	Percentage of Total Group
1	Administrative Leadership	34	89.5
2	Credibility of Implementor	27	71.1
3	Process Skills of Implementor	25	65.8
4	Role of the Nurse	23	60.5
5	Shortage of Nurses	21	55.3
6	Use of Change Theory by Implementor	19	50.0
7	Government Policy of Fiscal Restraint	18	47.4
	Mission Statement	18	47.4
8	Board of Trustees	16	42.1
9	Trends in Health Care Management	14	36.8
10	High Cost of Health Care	12	31.6
11	Nursing Profession Act	10	26.3
	Alberta Association of Registered Nurses	10	26.3
12	Government Priorities Within Department of Hospitals and Medical Care	8	21.1

Table 15 (Cont'd)

Rank Order	Major Impacting Factor	Number of Respondents	Percentage of Total Group
	Trend Toward Health Promotion and Wellness	8	21.1
13	Consumer of Health Care	7	18.4
	Use of Ad Hoc/Advisory Committee	7	18.4
14	Computer Technology	6	15.8
15	Dominance of the Progressive Conservative Party in Alberta	5	13.2
16	Government Priorities Among Departments	3	7.9
17	Canada Health Act	1	2.6

Table 16

Rank-Ordered List of Major Impacting Factors on the Primary Major Factor, the Chief Nurse Administrator, With Weighting Score, Third-Round Policy Delphi

Rank Order	Weighting Score	Major Impacting Factor
1	69	Administrative Leadership
2	61	Credibility of Implementor
3	58	Process Skills of Implementor
4	56	Role of the Nurse
5	54	Shortage of Nurses
6	50	Use of Change Theory by Implementor
7	48	Government Policy of Fiscal Restraint
8	47	Mission Statement
9	45	Board of Trustees
10	43	Trends in Health Care Management

Table 16 (Cont'd)

Rank Order	Weighting Score	Major Impacting Factor
11	37	Government Priorities Within Department of Hospitals and Medical Care
	37	Nursing Profession Act
	37	Alberta Association of Registered Nurses
12	36	High Cost of Health Care
13	35	Use of Ad Hoc/Advisory Committee
14	33	Trend Toward Health Promotion and Wellness
15	31	Computer Technology
16	24	Government Priorities Among Departments
17	19	Dominance of the Progressive Conservative Party in Alberta
18	14	Canada Health Act

(5) Shortage of Nurses; (6) Use of Change Theory by Implementor; (7) Government Policy of Fiscal Restraint (8) Mission Statement; (9) Board of Trustees; (10) Trends in Health Care Management; (11) Government Priorities Within Department of Hospitals and Medical Care; Nursing Profession Act; and Alberta Association of Registered Nurses. These factors could be considered as having high impact on the primary major factor, the chief nurse administrator. The remaining seven categories contained single or pairs of factors consisting of the following: (12) High Cost of Health Care; (13) Use of Ad Hoc/Advisory Committee; (14) Consumer of Health Care; Trend Toward Health Promotion and Wellness; (15) Computer Technology; (16) Government Priorities Among Departments; (17) Dominance of the Progressive Conservative Party in Alberta; and

(18) Canada Health Act. These factors could be considered as having moderate impact on the primary major factor, the chief nurse administrator.

A comparison of the rank-ordered major external and internal factors, second-round policy Delphi with major impacting factors, third-round policy Delphi indicates some shifts in nurse administrator perceptions of factor importance. Table 17 depicts the comparison of factors. Removal of chief nurse administrator from the list of factors found Administrative Leadership in next order of importance.

Table 17

Comparison of Rank-Ordered Major External and Internal Factors Second-Round Policy Delphi with Rank-Ordered Major Factors on the Primary Major Factor, the Chief Nurse Administrator, Third-Round Policy Delphi

Rank Order	Major External and Internal Factors, Second-Round Policy Delphi	Major Impacting Factors Third-Round Policy Delphi
1	Chief Nurse Administrator	Administrative Leadership
2	Administrative Leadership	Credibility of Implementor
3	Role of the Nurse	Process Skills of Implementor
4	Government Policy of Fiscal Restraint	Role of the Nurse
5	Government Priorities Within Department of Hospitals and Medical Care	Shortage of Nurses
	Credibility of Implementor	
6	Board of Trustees	Use of Change Theory by Implementor

Table 17 (Cont'd)

Rank Order	Major External and Internal Factors, Second-Round Policy Delphi	Major Impacting Factors Third-Round Policy Delphi
7	Canada Health Act	Government Policy of Fiscal Restraint
	Nursing Profession Act	
	Consumer of Health Care	
	Trend Toward Health Promotion and Wellness	
	Mission Statement	
	Process Skills of Implementor	
8	Dominance of the Progressive Conservative Party in Alberta	Mission Statement
	Shortage of Nurses	
9	Trends in Health Care Management	Board of Trustees
	Computer Technology	
	Use of Change Theory by Implementor	
10	Government Priorities Among Departments	Trends in Health Care Management
	High Cost of Health Care	
11	Alberta Association of Registered Nurses	Government Priorities Within Department of Hospitals and Medical Care
	Use of Ad Hoc/Advisory Committee	Nursing Profession Act
		Alberta Association of Registered Nurses
12		High Cost of Health Care
13		Use of Ad Hoc/Advisory Committee

Table 17 (Cont'd)

Rank Order	Major External and Internal Factors, Second-Round Policy Delphi	Major Impacting Factors Third-Round Policy Delphi
14		Consumer of Health Care
		Trend Toward Health Promotion and Wellness
15		Computer Technology
16		Government Priorities Among Departments
17		Dominance of Progressive Conservative Party in Alberta
18		Canada Health Act

When Administrative Leadership was considered in relation to chief nurse administrator, it was rated as having the highest impact of all the major impacting factors. The second highest impacting factor, Credibility of Implementor, was raised from fifth position while the third highest impacting factor, Process Skills of Implementor was raised from seventh position. Role of the Nurse, the fourth highest impacting factor, moved from a previous third position. The fifth highest impacting factor was Shortage of Nurses raised from eighth position. Sixth, seventh and eighth highest impacting factor was Use of Change Theory by Implementor raised from nineth position; Government Policy of Fiscal Restraint dropped from fourth position; and Mission Statement dropped from seventh position. The ninth highest impacting factor was Board of Trustees dropped from a previous sixth position. Tenth highest impacting factor was Trends in Health Care Management dropped from a previous nineth position. The eleventh highest ranked impacting factors included Government Priorities Within Department of Hospitals and

Medical Care dropped from fifth position; Nursing Profession Act dropped from seventh position; and Alberta Association of Registered Nurses unmoved from the second-round policy Delphi. The foregoing factors were considered as having a high or major impact on the chief nurse administrator.

The remaining eight factors were considered as having lesser importance in relation to the primary major factor, the chief nurse administrator, than they were in terms of the major external and internal factors. High Cost of Health Care moved from tenth to twelfth position; Use of Ad Hoc/Advisory Committee moved from eleventh to thirteenth position; Consumer of Health Care and Trend Toward Health Promotion and Wellness both moved from seventh position to fourteenth; Computer Technology moved from ninth position to fifteenth; Dominance of the Progressive Conservative Party in Alberta moved from eighth position to seventeenth; and Canada Health Act moved from seventh position to eighteenth.

From the above discussion, the first thirteen factors identified in the third-round policy Delphi when considered in relation to the chief nurse administrator, were treated as having major or high impact than they were when seen in relation to the major external and internal factors. The remaining eight factors were considered as having lesser importance or impact on the chief nurse administrator than they were when seen in relation to the major external and internal factors.

Implementation Variables

An analysis of the external and internal implementation variables in relation to the ratings of the impacting factors identified in the third-round policy Delphi is found in Table 18. The impacting factors are rank-ordered according to their weighting score established

Table 18

Implementation Variables and Impacting Factors Identified in the Third-Round Policy Delphi With Weighting Score

Implementation Variables	Impacting Factor	Weighting Score	Total Weight
Implementor	Credibility of Implementor	61	
	Process Skills of Implementor	58	
	Use of Change Theory	50	169
Governance	Administrative Leadership	69	
	Mission Statement	47	
	Board of Trustees	45	161
Economic	Shortage of Nurses	54	
	Government Policy of Fiscal Restraint	48	
	High Cost of Health Care	36	138
Political	Government Priorities Within Department of Hospitals and Medical Care	37	
	Consumer of Health Care	33	
	Government Priorities Among Departments	24	
	Dominance of the Progressive Conservative Party in Alberta	19	113
Regulatory	Nursing Profession Act	37	
	Alberta Association of Registered Nurses	37	
	Canada Health Act	14	88
Demographic	Trends in Health Care Management	43	
	Trend Toward Health Promotion and Wellness	33	76
Social	Role of the Nurse	56	56
Substructure	Use of Ad Hoc/Advisory Committee	35	35
Technological	Computer Technology	31	31
Ecological	--	0	0
Subsystem	--	0	0

previously, and assigned a total weight in accordance with the total sum of the weighting scores for each of the impacting factors. Implementor factors were determined as having the highest impact based upon a relative sum weight of 169. Close behind in impact were governance factors with a weight of 161. Of secondary impact were economic factors with a weight of 138 and political factors with a weight of 113. Of moderate impact were regulatory and demographic factors with total weighting factors of 88 and 76 respectively. Of slight impact were social factors with a weight of 56; substructure factors with a weight of 35; and technological factors with a weight of 31. Ecological and subsystem factors were judged of no significant impact as no factors were identified in either area.

A comparison of the Implementation Variables and the weighting of factors by category is depicted in Table 19.

Table 19

Comparison of Implementation Variables With Weighting Score, Second and Third-Round Policy Delphi

Implementation Variables	Factors	Weight Second-Round	Weight Third-Round
Implementor	Credibility of Implementor	35	61
	Process Skills of Implementor	33	58
	Use of Change Theory	31	50
	Total	99	169
Governance	Administrative Leadership	43	69
	Mission Statement	33	47
	Board of Trustees	34	45
	Chief Nurse Administrator	44	--
	Total	154	161
Economic	Shortage of Nurses	32	54
	Government Policy of Fiscal Restraint	36	48
	High Cost of Health Care	30	36
	Total	98	138

Table 19 (Cont'd)

Implementation Variables	Factors	Weight Second-Round	Weight Third-Round
Political	Government Priorities Within Department of Hospitals and Medical Care	35	37
	Consumer of Health Care	33	33
	Government Priorities Among Departments	30	24
	Dominance of Progressive Conservative Party in Alberta	32	19
	Total	130	113
Regulatory	Nursing Profession Act	33	37
	Alberta Association of Registered Nurses	29	37
	Canada Health Act	33	14
	Total	95	88
Demographic	Trends in Health Care Management	31	43
	Trend Toward Health Promotion and Wellness	33	33
	Total	64	76
Social	Role of the Nurse	40	56
Substructure	Use of Ad Hoc/Advisory Committee	29	35
Technological	Computer Technology	31	31
Ecological	--	0	0
Subsystem	--	0	0

A closer examination of the factors revealed a change in ranking of relative impact of factors by category between the second and third-round policy Delphi. The factor considered to have the highest impact was that of implementor, raised from third position, and followed close behind by governance, previously in first position. Of next importance was economic factors in third position and raised from fourth position, and political factors presently in fourth position and previously in second position. Regulatory factors, demographic factors and social factors remained unchanged occupying fifth, sixth and seventh position respectively in both rounds. Substructure factors occupied eighth position, raised from ninth position and technological factors presently in ninth position and previously in eighth position. Ecological and subsystem factors did not appear in either round. When the weights of the factors by category are examined, in nearly every case except three (Government Priorities Among Departments, Dominance of the Progressive Conservative Party in Alberta, and Canada Health Act) the factor types received less weight in the second-round policy Delphi than the third-round, and three remained the same (Consumer of Health Care, Trend Toward Health Promotion and Wellness, and Computer Technology). Although the advisory and reaction panel are both contributing toward the weighting score, an examination of ranking patterns of each panel group separately indicates a shift in ranking factor importance from that identified in the second-round of the policy Delphi to that expressed in the third-round.

Any major factors which appeared in both rounds of the policy Delphi and which maintained or improved their rank order were determined to be major impacting factors. These rank-ordered major impacting factors on the chief nurse administrator are depicted in Table 20.

Table 20

Major Impacting Factors on Chief Nurse Administrator, Third-Round Policy Delphi

Rank Order	Major Impacting Factor on Chief Nurse Administrator
1	Administrative Leadership
2	Credibility of Implementor
3	Process Skills of Implementor
4	Role of the Nurse
5	Shortage of Nurses
6	Use of Change Theory by Implementor
7	Government Policy of Fiscal Restraint
8	Mission Statement
9	Board of Trustees
10	Trends in Health Care Management
11	Government Priorities Within Department of Hospitals and Medical Care Nursing Profession Act Alberta Association of Registered Nurses

Group Differences

One of the problems identified for this research study included examination of panel group member differences in response patterns. In particular, the following question was addressed: "What differences exist in the response pattern of nurse administrators who represent the advisory and reaction panel?"

Use of the t-test was used to determine significant differences at the .05 level between nurse administrators from acute and long term care, urban and rural settings in Alberta and senior nurse administrators from teaching hospitals across Canada. The former group comprised the advisory panel while the latter group comprised the reaction panel. A review of the data indicated that only one factor was considered significant, that being the Dominance of the Progressive Conservative Party in Alberta and rated seventeenth as an impacting factor. The significance of this factor is depicted in Table 21. The

Table 21

Factors of Significant Difference for the Advisory and Reaction Panel Determined by the t-test, With Frequency of Responses, Third-Round Polciy Delphi

Factor	Group	Number of Respondents	Mean	S.D.	Pooled Variance Estimate 2 Tail	Frequency of Response 1 2 3 4
Dominance of the Progressive Conservative Party in Alberta	Advisory	24	2.46	0.932	0.007	4 8 9 3
	Reaction	14	3.36	0.924		1 1 4 8

advisory panel perceived this factor to have more impact on the chief nurse administrator (mean = 2.46) than the reaction panel (mean = 3.36). There was slightly less agreement among the advisory panel (S.D. = 0.932) than that of the reaction panel (S.D. = 0.929). An examination of the frequency of response for each of the two groups indicates a divergence of opinion. One-half of the advisory panel rated this factor as having high to moderate impact while nine of the twenty-four participants rated the factor as having low impact. Only three members of the advisory panel rated this factor as having no impact. Reaction panel members disagreed with advisory panel member ratings with eight of the fourteen panel members rating the factor as having no impact while four panel members rated the factor as having low impact. Only two panel members rated the factor as having a moderate and a high impact on the chief nurse administrator.

This difference in opinion is likely the result of geography and a long-standing history of Alberta nurses dealing with a provincial government that has not been supportive of professional issues and one which tends to set priorities based on political reasons. Unless one has been exposed to this environment, the reaction panel would have little knowledge of the effects of the dominance of the Progressive Conservative Party in Alberta and hence its impact on nursing and the chief nurse administrator. In spite of this disagreement, a review of all of the pooled variance estimates for the advisory and reaction panel members demonstrated minimal disagreement between the two groups while rating major factors for their degree of impact on the chief nurse administrator.

Additional Comments

Nine study participants provided additional comments. One of the participants identified the hospital administrator as the "key factor" in hospital administration to implement standards properly as "his receptivity" provides the funds to proceed. Another study participant suggested that "in almost all instances the degree of effect of an internal or external factor depends on the ability of the chief nurse administrator to deal with the factor. Her attitude, behavior and educational preparation influence this ability."

Three of the respondents expressed concern regarding actual implementation of the standards as each criteria statement will consume considerable energy to understand, to devise means by which it can be met as understood, plan introduction of means, implement and evaluate pertinency of means. One of these respondents suggested that the CNA standards have no "teeth" and many are sadly outdated. Four of the study participants acknowledged the importance of the study and the value of the data for nurse administrators for planning. Three of these participants expressed thanks for the opportunity to participate in the study and the value accrued in learning about a policy Delphi and the opportunity to clarify their thinking on the issues involved. One of these participants suggested a "round table discussion about this whole area when the project is complete." Another one of these participants declared her intent to use the "same process for addressing the issue of renal dialysis at the national level." No further comments were provided.

Areas of Influence

Having classified and listed the major impacting factors on the chief nurse administrator, an examination of the recommended possible strategies for the chief nurse administrator to consider regarding implementation is now in order. Table 22 depicts major factors, the total number of possible strategies and number of original strategies suggested by study participants. A complete list of the possible implementation strategies is found in Appendix F.

A closer examination of the possible strategies recommended by selected nurse administrators revealed definitive descriptions of activities for each major factor for the chief nurse administrator to consider regarding the initiation of the implementation process. The definitive descriptions continued to focus on the two major influences and ten suggested areas of influence identified in the second-round policy Delphi. These included:

1. Process
    - a. Provision of Authority and Resources for Action
    - b. Commitment to Change
    - c. Provision of Direction, Scope and Priorities
    - d. Dissemination of Standards
    - e. Use of Appropriate Skills
2. Issues
    - a. Professional Domain
    - b. Recruitment and Retention
    - c. Health Consumer Expectations
    - d. Creative Resource Priority Setting
    - e. Lack of Government Support

Table 22

Major Factors, Total Number of Possible Strategies and Number of Original Strategies, Third-Round Policy Delphi

Major Factor	Total Number of Possible Strategies	Number of Original Strategies
Administrative Leadership	66	42
Role of the Nurse	56	34
Government Policy of Fiscal Restraint	51	28
Government Priorities Within Department of Hospitals and Medical Care	33	25
Credibility of Implementor	32	16
Board of Trustees	38	13
Canada Health Act	16	7
Nursing Profession Act	19	7
Consumer of Health Care	33	14
Trend Toward Health Promotion and Wellness	36	19
Mission Statement	34	4
Process Skills of Implementor	26	6
Dominance of the Progressive Conservative Party in Alberta	35	13
Shortage of Nurses	46	14
Trends in Health Care Management	15	6
Computer Technology	35	7
Use of Change Theory by Implementor	34	10
Government Priorities Among Departments	26	11
High Cost of Health Care	31	13
Alberta Association of Registered Nurses	39	6
Use of Ad Hoc/Advisory Committee	21	7
Total	722	302

Possible Implementation Strategies

The third-round policy Delphi provided a total of 722 suggested possible strategies of which 302 were original strategies. Table 23 depicts the major influences and areas of influence by number of possible strategies and number of original strategies by area of influence. Of the two major influences, issues continued to remain more influential than process with a total of 421 possible strategies and 191 suggested original strategies. The major influence of process cited 301 possible strategies and 111 original strategies.

The area of influence of Professional Domain resulting from the major influence of issues included the greatest number of possible strategies with 1[illegible] suggestions, followed by Creative Resource Priority Setting with 110 suggestions, Health Consumer Expectations with 100 suggestions, Recruitment and Retention with 46 suggestions, and Lack of Goverment Support with 35 suggestions.

The area of influence of Provision of Direction, Scope and Priorities resulting from the major influence of process included 84 possible strategies followed by Use of Appropriate Skills with 71 suggestions, Dissemination of Standards with 61, Provision of Authority and Resources for Action with 44, and Commitment to Change with 41 suggestions. A rank-ordered list of areas of influence by percentage of

Table 23

Major Influences and Areas of Influence by Number of Possible Strategies and Number of Original Strategies by Area of Influence

Major Influence	Area of Influence	Number of Possible Strategies	Number of Original Strategies
Issues	Professional Domain	130	54
	Creative Resource Priority Setting	110	64
	Health Consumer Expectations	100	46
	Recruitment and Retention	46	14
	Lack of Government	35	13
	Total	421	191

Table 23 (Cont'd)

Major Influence	Area of Influence	Number of Possible Strategies	Number of Original Strategies
Process	Provision of Direction, Scope and Priorities	84	34
	Use of Appropriate Skills	71	25
	Dissemination of Standards	61	13
	Provision of Authority and Resources for Action	44	17
	Commitment to Change	41	22
	Total	301	111
Total Number of Possible and Original Strategies		722	302

total suggestions is depicted in Table 24. The highest area of influence as seen in Table 24 is Professional Domain followed by Creative Resource Priority Setting, Health Consumer Expectations, Provision of Direction, Scope and Priorities, Use of Appropriate Skills, Dissemination of Standards, Recruitment and Retention, Provision of Authority and Resources for Action, Commitment to Change, and ending with Lack of Government Support.

As a way of summary, a matrix of the strategies suggested per major influence and area of influence related to specific major factors perceived to impact the chief nurse administrator is depicted in Table 25. A sample of possible implementation strategies is provided below, while the complete list is found in Appendix F.

Table 24
Rank-Ordered Areas of Influence by Percentage of Total Suggestion

Rank Order	Area of Influence	Number of Suggestions	Percentage of Total Suggestions
1	Professional Domain	130	18
2	Creative Resource Priority	110	15.24
3	Health Consumer Expectations	100	13.85
4	Provision of Direction, Scope and Priorities	84	11.63
5	Use of Appropriate Skills	71	9.83
6	Dissemination of Standards	61	8.45
7	Recruitment and Retention	46	6.37
8	Provision of Authority and Resources for Action	44	6.09
9	Commitment to Change	41	5.68
10	Lack of Government Support	35	4.85
	TOTAL	722	100

Table 25
Major Factors, Major Influences and Areas of Influence, Third Round Policy Delphi

Major Influence	Process					Issues				
Area of Influence Major Factor	Provision of Direction, Scope and Priorities	Use of Appropriate Skills	Dissemination of Standards	Provision of Authority and Resources for Action	Commitment to Change	Professional Domain	Creative Resource Priority Setting	Health Consumer Expectations	Recruitment and Retention	Lack of Government Support
Administrative Leadership	30			4	8					
Role of the Nurse						34				
Goverment Policy of Fiscal Restraint							28			
Goverment Priorities Within Department of Hospitals and Medical Care							25			

Table 25 (Cont'd)

Major Influence	Process					Issues				
Area of Influence Major Factor	Provision of Direction, Scope and Priorities	Use of Appropriate Skills	Dissemination of Standards	Provision of Authority and Resources for Action	Commitment to Change	Professional Domain	Creative Resource Priority Setting	Health Consumer Expectations	Recruitment and Retention	Lack of Government Support
Credibility of Implementor		2			14					
Board of Trustees				13						
Canada Health Act						7				
Nursing Profession Act						7				
Consumer of Health Care								14		
Trend Toward Health Promotion and Wellness								19		
Mission Statement	4									
Process Skills of Implementor		6								
Dominance of the Progressive Conservative Party in Alberta										13
Shortage of Nurses									14	
Trends in Health Care Management			6							
Computer Technology			7							
Use of Change Theory		10								
Government Priorities Among Departments							11			
High Cost of Health Care								13		
Alberta Association of Registered Nurses						6				
Use of Ad Hoc/ Advisory Committee		7								
Total Number of Original Strategies Per Response Area	34	25	13	17	22	54	64	46	14	13

1. Major Influence: Process

Area of Influence	Possible Implementation Strategies
a. Provision of Direction, Scope and Priorities	i) Discuss at executive committee meeting and address linkage between standards and provision of care.
	ii) Relate implementation to increased competitiveness and credibility of organization.
b. Use of Appropriate Skills	i) Consider implementation of standards in gradual, smaller components with a detailed action plan and then monitor and re-evaluate on an ongoing basis.
	ii) Work with DHMC Consultant.
c. Dissemination of Standards	i) Use external peer group.
	ii) Develop a video to sell standards.
d. Provision of Authority and Resources for Action	i) Regularly attend board meetings and present a high profile of positive actions to influence in a proactive way to support standards.

e. Commitment to Change	i) Only hire academically prepared nurse administrators. ii) Draft a prototypical position descriptor and performance appraisal tool based on the standards.

2. Major Influence: Issues

Area of Influence	Possible Implementation Strategies
a. Professional Domain	i) Define the role of the nurse better internally and externally. ii) Develop practice models that are congruent with professional practice.
b. Creative Resource Priority Setting	i) Create Nursing/DHMC Liaison Committee ii) Invite DHMC to visit health facility and discuss issues.
c. Health Consumer Expectations	i) Use media/print to inform and explain need for standards. ii) Involvement with Consumer groups through committee work.
d. Recruitment and Retention	i) Establish policies and programs on the 20 year future. ii) Work on becoming a magnet hospital.

e. Lack of Government Support   i) Circulate standards to MLA's, Premier and Minister of Health.

ii) Support candidates with common concept and ideals for nursing.

From the foregoing, it is evident that useful strategies have been recommended which address the two major influences of process and issues. In particular, the suggested strategies would begin to resolve the specific areas of influence identified in the study.

Summary of Findings

The purpose of the third-round policy Delphi was for nurse administrators from both the advisory and reaction panel to rate the degree of impact of the major external and internal factors on the chief nurse administrator, and to recommend possible strategies for the chief nurse administrator to consider for the implementation of the 1988 CNA position paper.

A rank-ordered list of major impacting factors regarding the chief nurse administrator were developed using a similar process to that identified in the second-round policy Delphi. Eighteen categories were developed and the first eleven categories were considered as major impacting factors. These ranked factors included:

1. Administrative Leadership
2. Credibility of Implementor
3. Process Skills of Implementor
4. Role of the Nurse
5. Shortage of Nurses
6. Use of Change Theory by Implementor
7. Government Policy of Fiscal Restraint

8. Mission Statement
9. Board of Trustees
10. Trends in Health Care Management
11. Government Priorities Within Department of Hospitals and Medical Care

Nursing Profession Act

Alberta Association of Registered Nurses

An analysis of the implementation variables and their weighting score revealed a shift in importance. The category considered to have the highest impact was that of implementor, followed closely behind by governance. Of next importance were economic, political, regulatory, demographic, social, substructure, and technological factors in descending order.

A total of 722 possible strategies and 302 original strategies were suggested by study participants. The recommended strategies addressed each major influence and area of influence identified in the study.

Group differences were found to be minimal when nurse administrators in the advisory and reaction panel rated the degree of impact of the major factors on the chief nurse administrator.

Summary

This chapter has described nurse administrators' perceptions of policy implementation through a description and analysis of the findings of three rounds of policy Delphi questionnaires. Each round of the policy Delphi was examined in succession commencing with an overview of the purpose of the round. This was followed by a description of the data received, an analysis of the data, a presentation of additional comments and a summary of the findings. The third round of the policy Delphi addressed group differences between the advisory and reaction panel members.

The first-round of the policy Delphi identified external and internal factors expected to influence the implementation of the 1988 CNA position paper. A total of 73 external and internal factors were identified with 279 reasons for importance. The greatest number of factors identified were demographic factors followed in descending order by regulatory, political, economic, social, governance, implementor, technological, substructure, subsystem and ecological factors. A high degree of agreement regarding the identification of factors occurred in several categories including technological, demographic, social, regulatory, and governance. The least amount of agreement occurred in the ecological and subsystem categories. The greatest number of reasons for importance were provided for political factors while the least number were for ecological factors. The majority of the proposed reasons for importance related to the direct or indirect influence they would exert on an implementing institution.

The second-round of the policy Delphi rated both external and internal factors identified in the first-round of the policy Delphi regarding their degree of importance and degree of influence on the implementation of the 1988 CNA position paper. A rank-ordered list of 22 major external and internal factors was identified and when arranged into 11 categories of decreasing importance, the highest ranking order factor was the (1) Chief Nurse Administrator, followed by: (2) Administrative Leadership; (3) Role of the Nurse; (4) Government Policy of Fiscal Restraint; (5) Government Priorities Within Department of Hospitals and Medical Care, Credibility of Implementor; (6) Board of Trustees; (7) Canada Health Act, Nursing

Profession Act, Consumer of Health Care, Trend Toward Health Promotion and Wellness, Mission Statement, Process Skills of Implementor; (8) Dominance of the Progressive Conservative Party in Alberta, Shortage of Nurses; (9) Trends in Health Care Management, Computer Technology, Use of Change Theory by Implementor; (10) Government Priorities Among Department, High Cost of Health Care; (11) Alberta Association of Registered Nurses, and Use of Ad Hoc/Advisory Committee. An examination of the implementation variables suggested that study participants considered governance factors the most important and influential, followed closely by political factors. Of secondary importance and influence were implementor, economic and regulatory factors. An examination of the reasons for importance cited in the first-round revealed two major influences of process and issues expected to influence the implementation of the 1988 CNA position paper. The major influence of issues was considered to have greater emphasis with a total of 20 notations as opposed to 16 notations for the major influence of process. As well, ten suggested areas of influence were extrapolated from the proposed reasons for importance. Areas of influence related to process included: (1) Provision of Authority and Resources for Action; (2) Commitment to Change; (3) Provision of Direction, Scope and Priorities; (4) Dissemination of Standards; and (5) Use of Appropriate Skills. Areas of influence related to issues included: (1) Professional Domain; (2) Recruitment and Retention; (3) Health Consumer Expectations; (4) Creative Resource Priority Setting; and (5) Lack of Government Support.

In the third-round of the policy Delphi both the advisory and reaction panel rated the degree of impact of the major external and internal factors identified in the second-round policy Delphi on the primary major factor, the chief nurse administrator. As well, participants proposed possible implementation strategies for the chief nurse administrator to consider for the implementation of the 1988 CNA position paper. Thirteen major impacting factors on the chief nurse administrator were revealed: (1) Administrative Leadership; (2) Credibility of the Implementor; (3) Process Skills of Implementor; (4) Role of the Nurse; (5) Shortage of Nurses; (6) Use of Change Theory by Implementor; (7) Government Policy of Fiscal Restraint; (8) Mission Statement; (9) Board of Trustees; (10) Trends in Health Care Management; and (11) Government Priorities Within Department of Hospitals and Medical Care, Nursing Profession Act, and Alberta Association of Registered Nurses. When compared with the major factors presented in the second-round policy Delphi, some overall shifts in nurse administrator perceptions of factor importance occurred. When Administrative Leadership was considered in relation to chief nurse administrator, it was rated as having the highest impact of all the major impacting factors.

The major influences and areas of influence initially identified in the second-round remained unchanged. The major influence of issues continued to be considered as having greater emphasis with 421 responses compared to 301 responses for the major influence of process. The 722 responses regarding possible implementation strategies revealed 302 original strategies divided among the 10 areas of influence. An analysis of the importance of the major factors revealed a change in ranking of the relative impact of factors between the second and third-round policy Delphi. The factor considered to have the highest impact was that of implementor factors followed close behind by governance factors.

Group differences between the advisory and reaction panel members while rating major factors for their degree of impact on the chief nurse administrator were examined. Only one item of significant difference at the .05 level was identified: Dominance of the Progressive Conservative Party in Alberta. The advisory panel consisting of nurse administrators from acute and long term care urban and rural settings perceived this factor to have more impact on the chief nurse administrator than the reaction panel comprised of senior nurse administrators from teaching hospitals across Canada. In spite of this disagreement, minimal differences between the two groups was demonstrated when rating the major factors for their degree of impact.

Very few additional comments were provided by study participants. Twelve formal comments addressed both the importance of the study and the actual implementation of standards. As well, the need to work together as a team while acknowledging the critical role of the chief executive officer and the chief nurse administrator was suggested. Some overlap of factors was demonstrated in the third-round of the policy Delphi through the use of referral responses.

CHAPTER VI

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

This chapter provides a summary of the study and derives some conclusions and implications based on the findings. The summary section reviews the purpose of the study, the statement of the problem, the research and conceptual frameworks, and the significance of the study. Next, the study's data collection and analysis procedures are described including panel selection, and questionnaire development and distribution. Then a summary of the findings is presented and seven major findings are identified. Conclusions were derived from the findings ot the study and involve three areas: the organizational setting, the policy Delphi technique and policy implementation. Implications are proposed in the form of ten propositions with specific strategies for action; some implications for nursing colleagues are presented and future research is suggested.

Summary of the Study

Purpose of the Study

The purpose of this research was to investigate the process of policy implementation as it relates to the implementation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration. Implementation of the recommendations of the 1988 CNA position paper would promote standards for nursing administration and provide direction for nurse administrators initiating and managing change within a rapidly changing health care system.

At the time of this study, the 1988 CNA position paper was relatively unknown and limited by its distribution. Even though the CNA (1985) national plan of action outlined specific strategies for the paper's implementation, progress continues to be problematic.

Statement of the Problem

The 1988 CNA position paper articulates desirable standards for Canadian nurse administrators. Little evidence of actual implementation of the recommendations of the position paper suggests the need for further exploration of the process of policy implementation as a way of identifying strategies for effective implementation.

The central problem of policy implementation was stated in the form of six questions:

1. What events led to the formulation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration?
2. What internal and external factors are viewed by selected nurse administrators as likely to influence the implementation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration?
3. What factors do selected nurse administrators perceive as having the greatest degree of influence, importance, and impact on the implementation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration?
4. What strategies do selected nurse administrators recommend for the implementation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration?

5. What differences exist in the response pattern of nurse administrators who represent the advisory and reaction panel?
6. Is the policy Delphi approach a useful research method for investigating the process of policy implementation as it relates to nursing administrative practice?

Research Framework and Design

Conceptual Framework

The conceptual framework for the study arises primarily from the literature pertaining to policy implementation. In particular, the implementation frameworks of Sabatier and Mazmanian (1979) and Newtombe and Conrad (1981) provided insight into the process of implementation. Collectively, the frameworks identified broad categories of variables in the internal and external environment of an implementing organization which could be considered for structuring a dialogue among nurse administrators responsible for implementing a position paper promoting standards for administrative practice.

An examination of nursing administrative literature pertaining to the role and educational preparation of nurse administrators identified additional broad categories of variables in the external environment for structuring a dialogue among nurse administrators. Broad categories of variables pertaining to the external environment and identified in the literature include: political, economic, technological, demographic, social, regulatory, and ecological factors. Broad categories of variables pertaining to the internal environment include: governance, implementor, substructure, and subsystem factors.

The study proposed to examine the process of implementing a position paper promoting standards for nursing administration. In particular, the study proposed to identify internal and external factors which influence the implementation process, identify which internal and external factors have the greatest degree of influence on the implementation process, and lastly to recommend strategies for implementation as perceived by nurse administrators responsible for institutional implementation.

Research Design

An historical and descriptive research design guided this two part study. Initially, the historical background which led to the formulation of the 1988 CNA position paper on The Role of the Nurse Administrator and Standards for Nursing Administration was described. Second, a policy Delphi technique was used to explore nurse administrators' perçeptions reguarding policy implementation. Three rounds of a policy Delphi identified external and internal factors expected to influence the implementation of a position paper; identify which factors have the greatest degree of importance, influence, and impact; and possible strategies for the chief nurse administrator to consider for implementing a position paper.

Significance of the Study

Nurse administrators in Canadian hospitals hold key positions in the nation's hospitals and influence the nation's health care system. Since nurses comprise the single largest group of health care workers, research pertaining to nursing administrative practice has particular significance. To date, there is limited research on nursing policy implementation and none which focused on implementation of standards for nursing administration. The study of policy implementation is therefore significant in that it contributes to our understanding of factors which influence the implementation process and hence the way one thinks about developing solutions for problems related to policy implementation. In addition, the study of implementation of policy contributes to the overall field of public policy research and in particular, the policy process. Specifically, this study has significance for the nursing profession as nurse administrators look for recommendations for implementing the 1988 CNA policy statement on standards for nursing administration.

This research provided a mechanism for nurse administrators from acute and long term care, urban and rural settings and senior nurse administrators from teaching hospitals across Canada to recommend strategies for implementation of the 1988 CNA position paper. The findings have significance for urban and rural nursing administrators in hospitals of varying acuity to use to initiate and manage change. In addition, this research has significance for CNA, the initiator of the position paper and National Plan of Action as an inventory of strategies to address implementation concerns.

The research has significance for the International Council of Nursing (ICN) as ICN looks for broad direction for its quadrennial mandate of Nursing: A New Tomorrow and specifically for recommendations regarding standards for practice. In summary, this research has significance from a national and international nursing perspective as well as for nurses in the province of Alberta.

Data Collection and Analysis

Historical Data Collection and Analysis

Historical data were collected from primary source documents including annual meetings and biennial convention papers, board of directors' minutes, and reports of the CNA executive director. As well, data were also collected from published reports, association newsletters, journals and books. Primary source documents were used as they represent the most direct link with historical events or situations (Polit and Hungler, 1978) and lessen the occurrence of possible error. Trustworthiness of the historical documents was established through random sampling of all the reports for consistency and accuracy of facts in both the English and French official versions.

Data were synthesized and analyzed into a narrative format by judging from an objective perspective and resolving any inconsistencies. Since any interpretation of any document is slightly subjective, attention to incorporating references in the narrative was adopted to increase the validity and reliability of the analysis of data.

Policy Delphi Methodology

A policy Delphi technique was utilized to examine nurse administrators' perceptions of policy implementation. Policy Delphi, an adaptation of the conventional Delphi, seeks to generate opposing views on the resolution of a policy issue rather than seeking consensus. Characteristics of this methodology feature the presentation of all options and supporting evidence about a policy issue and the avoidance of group decisions. Essentially a policy Delphi is a decision-analysis tool for the decision-maker (Turoff, 1975). This study employed three distinct rounds of questioning based upon availability of study time and concern for the participant commitment.

Panel Selection

Two levels of panel study members, advisory and reaction, participated in the study. Advisory panel participants consisted of twenty-four nurse administrators employed in urban and rural, acute care and long term care settings in Alberta, who provided data for three rounds of policy Delphi questionnaires. Reaction panel participants consisted of fourteen senior nurse administrators from Canadian teaching hospitals, who provided data for the third round of the policy Delphi questionnaire. Both groups have direct responsibility for the delivery of nursing services and ultimately for institutional implementation of the 1988 CNA position paper.

Questionnaire Development

This study involved three distinct rounds of questionnaires, each developed from the data received in the previous round. Each questionnaire was pre-tested by a team of nurses who were representative of the proposed sample, but who were not members of that sample. Changes to the questionnaires were based upon the suggestions received.

The first-round of the policy Delphi requested study participants to identify external and internal factors for each of the eleven broad categories of variables (political, economic, technological, demographic, social, regulatory, ecological, governance, implementor, substructure, and subsystem) influencing an implementing organization and provide reasons for the importance of their choice. Support materials in the way of the 1988 CNA Nursing Administration Standards, "The Policy Delphi: A Decision-Analysis Tool", and "Implementation Frameworks" the latter two, written by the study monitor were included to assist study participants.

The second-round of the policy Delphi consisted of the 55 external and 18 internal factors and 279 reasons for importance proposed in the previous round. Study participants were requested to rate the factors for their degree of importance and degree of influence on the policy implementation process. A rating scale consisting of two four-point scale descriptors accompanied the questionnaire.

The third-round of the policy Delphi consisted of 22 factors, the first representing the primary major factor, the chief nurse administrator, and 21 representing the major external and internal factors, all of which evolved from the previous round ratings. Study participants were requested to rate the impact of each of the major external and internal factors on the primary major factor, and recommend possible strategies for each major factor for the chief nurse administrator to consider when implementing the position paper. A four-point rating scale accompanied the questionnaire.

Questionnaire Distribution

Twenty-four first, second and third-round policy Delphi questionnaires were distributed to the advisory panel study participants. For each round, all 24 questionnaires were completed and returned, providing a response rate of 100%. Twenty-eight third-round policy Delphi questionnaires were distributed to the reaction panel study participants across Canada and fourteen questionnaires were completed and returned. A response rate of 50% was realized by this group and accounted for by participant retirement, de-hiring and geographic relocation.

Analysis of Data

The analysis of data was achieved through qualitative and quantitative procedures of content analysis. Both the first and third-round of the policy Delphi employed qualitative methods which included the inductive development of categories of factors and the summarizing of responses. The development of categories included the unitization of comments, coding of units, sorting of units, determination of categories of factors, and resorting. The summarizing of responses was achieved through the determination of a category descriptor, the computation of similar responses and the editing of unique responses.

Quantitative procedures were utilized for both the second and third-round of the policy Delphi and included frequency analysis, scaling for importance, and contingency analysis. Content was initially determined through frequency analysis, and then scaled for importance by assigning a specific weight to content and arranging the content in order of importance. Lists of significant, highly significant, and major factors were thus identified through percentages and weighting factors resulting in content which was rank-ordered. Contingency analysis was used for the correlation, comparison and synthesis of content following initial analysis. Data provided through contingency analysis included the identification of major external and internal factors, the comparison of findings in the second and third-round of the policy Delphi, and the correlation of areas of influence with possible implementation strategies.

Summary of Findings

In addressing the research problem of policy implementation, six questions were explored. These questions centered on identifying the historical events which led to the formulation of the 1988 CNA position paper, determining external and internal factors likely to influence the process of implementation, assessing the influence, importance and impact of these factors on implementation, and identifying possible strategies for implementation as perceived by selected nurse administrators. A summary of the findings according to the research questions follows.

History of CNA Standards for Nursing Administration

An analysis of historical data collected from annual meetings and biennial convention papers, board of directors' minutes, reports of the executive director, association newsletters, journals, and books suggests that the national association has a long history of involvement in formulating professional standards. Since its early beginnings, nursing priorities were based upon societal needs, the health care system and nursing education. In 1908, the CNATN, the forerunner of CNA, was concerned with the elevation of standards for nursing education and promotion of a high standard of professional honor. During the next two decades, the CNA continued to promote educational standards and provide guidance for the establishment of professional associations. In 1947, CNA expanded its interest to addressing standards for nursing service.

Concern about the role and educational preparation of nurse administrators initiated a study by CNA in 1953 and resulted in a manual for head nurses to assist with their nursing functions and activities. Further concern regarding the elimination of university nursing administration one year post-R.N. diploma programs resulted in collaboration between the CNA and CHA to provide a distance education program, the Nursing Unit Administration Program, to introduce management concepts to those nurses working in health care organizations in management positions.

Recognizing "the crisis in education for nursing administration" (CNA Report of the Executive Director: October, 1980), the 1980-82 biennium established that high standards for nursing administration was to be a priority. Leatt (1981) described the current status of education for nurse administrators in Canada, identified critical issues and concerns about educating persons for senior positions in administration, and outlined possible strategies for the future. Included in these recommendations was the first attempt to clarify the role of nurse administrators for various organizational levels, and to develop standards for entry into the practice of nursing administration. The Ad Hoc Committee on Nursing Administration then prepared a position paper addressing The Role of the Nurse Administrator and Standards for Nursing Administration and in February 1983 the CNA Board of Directors approved the position paper for circulation. Nursing administration continued to be a priority for both the 1982-84 and 1984-86 biennium. Subsequent Ad Hoc Committees for nursing administration monitored the 1983 position paper and identified issues that could be considered in its implementation. As a result of this monitoring, it was recommended that an updated version of the 1983 position paper be provided. In February, 1988 the CNA Board of Directors adopted the revised 1988 position paper. In March, 1990, the CNA Board of Directors accepted a Joint Strategies for Nursing Administration which focuses on access to educational programs and advocacy initiatives.

Identification of External and Internal Factors

The first-round of the policy Delphi identified external and internal factors expected to influence the implementation of the 1988 CNA position paper. Analysis of the data revealed a total of 73 external and internal factors and 279 reasons for their importance. The greatest number of factors identified were in the demographic factor category, followed in descending order by regulatory, political, economic, social, governance, implementor, technological, substructure, subsystem, and ecological factors. A high degree of agreement regarding the identification of factors occurred in several categories including technological, demographic, social, regulatory and governance. The greatest number of reasons for importance provided were for political factors and the least amount for ecological factors.

The majority of the proposed reasons for importance related to the direct or indirect influence of factors on an implementing institution.

Identification of Major External and Internal Factors

The second-round of the policy Delphi rated the external and internal factors identified in the first-round of the policy Delphi regarding their degree of importance and degree of influence on the implementation of the 1988 CNA position paper. As a result, a rank-ordered list of 22 major external and internal factors emerged and were assembled into 11 categories of decreasing importance. They were:

1. Chief Nurse Administrator
2. Administrative Leadership
3. Role of the Nurse
4. Government Policy of Fiscal Restraint
5. Government Priorities Within Department of Hospitals and Medical Care

   Credibility of Implementor
6. Board of Trustees
7. Canada Health Act

   Nursing Profession Act

   Consumer of Health Care

   Trend Toward Health Promotion and Wellness

   Mission Statement

   Process Skills of Implementor

8. Dominance of the Progressive Conservative Party in Alberta
   Shortage of Nurses
9. Trends in Health Care Management
   Computer Technology
   Use of Change Theory by Implementor
10. Government Priorities Among Departments
    High Cost of Health Care
11. Alberta Association of Registered Nurses
    Use of Ad Hoc/Advisory Committee

An analysis of the external and internal implementation variables, identified governance factors as the most important and influential factor, followed closely by Political factors. Of secondary importance and influence were implementor factors, economic factors and regulatory factors. Demographic factors were viewed only as moderately important and influential. Of slight importance and influence were social factors, technological factors, and substructure factors. Both ecological and subsystem factors were viewed unimportant and uninfluential on the implementation of the 1988 CNA position paper.

Identification of Major Impacting Factors on Chief Nurse Administrator

Data from the third-round of the policy Delphi were analyzed to identify the major impacting factors on the primary major factor, the chief nurse administrator. When 21 of the major factors were rated for degree of impact on the chief nurse administrator, 13 factors were identified as having major or high impact and the remaining eight factors were considered as having lesser importance or impact. In descending order of influence, the factors were:

1. Administrative Leadership
2. Credibility of Implementor

3. Process Skills of Implementor
4. Role of the Nurse
5. Shortage of Nurses
6. Use of Change Theory by Implementor
7. Government Policy of Fiscal Restraint
8. Mission Statement
9. Board of Trustees
10. Trends in Health Care Management
11. Government Priorities Within Department of Hospitals and Medical Care

    Nursing Profession Act

    Alberta Association of Registered Nurses
12. High Cost of Health Care
13. Use of Ad Hoc/Advisory Committee
14. Consumer of Health Care

    Trend Toward Health Promotion and Wellness
15. Computer Technology
16. Government Priorities Among Departments
17. Dominance of Progressive Conservative Party in Alberta
18. Canada Health Act

Major Influences

Major influences were initially identified through an examination of the reasons for importance for the major external and internal factors. This analysis revealed supportive arguments for each of the major factors regarding the process of implementation. These arguments were presented from two central perspectives and were:

1. Process
2. Issues

Process influences were viewed as specific activities or actions to be undertaken to initiate the implementation process in an organization. Issues influences were viewed as those specific issues an organization would need to address or resolve in order to proceed with the implementation of the 1988 CNA position paper. Based on the number of responses related to issues over the number related to process, issues received greater emphasis and was seen as the more influential of the two major influences.

An examination of the recommended possible strategies identified in the third-round of the policy Delphi continued to focus on process and issues influences.

Areas of Influence

Areas of influence were initially determined through an examination of the reasons for importance in the second-round of the policy Delphi and then by an examination of the recommended possible strategies identified in the third-round of the policy Delphi. Ten areas of influence which fell into the categories defined by the two major influences included:

1. Process
    a. Provision of Authority and Resources for Action
    b. Commitment to Change
    c. Provision of Direction, Scope and Priorities
    d. Dissemination of Standards
    e. Use of Appropriate Skills
2. Issues
    a. Professional Domain
    b. Recruitment and Retention

c. Health Consumer Expectations

d. Creative Resource Priority Setting

e. Lack of Government Support

These areas of influence remained unchanged and were evident in the data of the third-round of the policy Delphi.

Group Differences

Only one item of significant difference at the .05 level was identified in the third-round of the policy Delphi between nurse administrators from acute and long term care, urban and rural settings in Alberta and with senior nurse administrators from teaching hospitals across Canada. The factor disagreed upon was Dominance of the Progressive Conservative Party in Alberta. The advisory panel perceived this factor to have more impact on the chief nurse administrator than the reaction panel. A review of all of the pooled variance estimates for the advisory and reaction panel members demonstrated minimal disagreement between the two groups.

Conclusions

A number of conclusions were derived from the findings of this study. In particular, these relate to the organizational setting, to policy implementation theory, and to the policy Delphi technique.

The Organizational Setting

1. History of CNA Standards for Nursing Administration. The first question which this study addressed was the identification of events which led to the formulation of the 1988 CNA position paper. A review of the events more fully described in Chapter IV revealed that the national association has a long standing history of involvement in formulating

professional standards. The earliest recorded reference to standards was found in the 1908 objectives of CNATN which addressed standards for education, and promotion of a high standard of professional honor. During the next two decades the CNA continued to promote educational standards and provide guidance for the establishment of professional associations. By 1947, CNA expanded its interest to addressing standards for nursing service. Specific concerns in the 1950's regarding the role and educational preparation of nurse administrators resulted in the development of a resource manual for head nurses. Finally, in 1980 CNA recognized the crisis in education for nurse administrators and established that standards for nursing administration was to be a priority for the 1980-82 biennium. As a result, the Ad Hoc Committee on Nursing Administration prepared a position paper on The Role of the Nurse Administrator and Standards for Nursing Administration. This position paper was approved by the CNA Board of Directors in 1983, and a revised edition approved in 1988. Correspondence from nursing interest groups across Canada indicates they view the position paper as reflecting current and future developments in nursing administration. It was anticipated that implementation of the position paper would provide direction for nurse administrators for initiating and managing change within a changing health care system and ensuring quality health care for the public.

2. The Organizational Environment. The second question which this study addressed was the identification of the external and internal factors likely to influence an organization implementing the 1988 CNA position paper as viewed by selected nurse administrators. The perceived environmental factors are presented in the form of a scenario as first described in Chapter V.

> The primary major factor influencing an organization implementing the 1988 CNA position paper is the chief nurse administrator. The chief nurse administrator in order to initiate implementation will need to undertake specific process activities and actions as well as address or resolve a variety of issues. In particular, the chief nurse administrator will need to take the initiative in demonstrating commitment to the CNA standards to the board of trustees, senior administrative colleagues and nursing subordinates. The chief nurse administrator will need to establish the necessary substructures and subsystems to support this commitment and appoint appropriate personnel to facilitate and monitor the progress.
>
> Concomitantly, the senior nurse administrator will need to address issues related to the professional domain of nursing as well as recruitment and retention of the critical element of that domain, the nurses themselves.
>
> Expectations of the health consumer and the impact of the 1988 CNA position paper may need to be discussed in a public arena in order to influence government representatives to provide the necessary support, for consumer expectations and nursing administrative standards.

This scenario was based on the 22 major external and internal factors identified in the first-round of the policy Delphi. A broader discussion is in order and is based on participants' responses and comments from the first and third-round of the policy Delphi. Only twelve topics are discussed due to overlap of some of the factors initially identified.

a. Chief Nurse Administrator

The primary factor influencing an organization implementing the 1988 CNA position paper is that of the chief nurse administrator. The importance of this individual cannot be understated, as it is the chief nurse administrator who has the ability to influence the quality of health care provided to the public through vision, leadership, and decision making.

The vision of the chief nurse administrator is focused on the future and is accomplished through the professional practice of the family of nursing. Because chief nurse administrators control their own activities and allocation of resources they are able to assume the role of principal change agent and allocate resources to promote knowledge of the standards. Chief nurse administrators demonstrate their decision and commitment to change by promoting acceptance of change and facilitating its progress through the establishment of appropriate substructures and subsystems. Substructures include a project director for the implementation of the standards, support systems, and a formal communication network. Subsystem variables ot size, attitude, educational level, and mentoring are addressed to promote implementation.

Many respondents expressed the importance for the chief nurse administrator to demonstrate the linkage between standards and provision of quality nursing care through regular attendance and presentation at board meetings. More important, was for the chief nurse administrator to discover the value system of the chief executive officer and to secure his support for nursing administrative standards. Other respondents suggested the need to conduct formal and informal discussions with internal nursing management groups as well as with representatives of external peer groups to develop global implementation strategies. Still other respondents suggested that the chief nurse administrator act as a role model with the necessary degrees, public reputation in the nursing profession and in the whole health administrative field.

One respondent suggested that the chief nurse administrator review all of the standards and criteria, pick out those standards which have no cost attached to them and plan for their implementation. The remaining standards then need to be priorized, proposals developed with submissions spread out over months or years dependent upon the situation. Small moves are then continually made on an ongoing basis until all of the standards are implemented.

b. Administrative Leadership Through the Board of Trustees and the Mission Statement

The mission statement of an organization outlines its philosophy, values and goals as well as provides the direction, scope and priorities for the board of trustees. Implementing nursing administrative standards requires the highest authority to proceed and adequate resources for accomplishment. The board of trustees provides the appropriate leadership through its commitment, direction and allocation of resources. Without this leadership, progress will be adversely affected within the subsystems and throughout the organizational structure.

Some participants expressed the fear of the omnipotence of the board in rural areas and suggested an absence of a nursing perspective. Others suggested that most of the rural board members had limited educational preparation, sometimes less than the director of nursing, and would have difficulty supporting nurse administrators with advanced educational preparation. Most rural board members were viewed as part of the old boy's club to which nursing and women could not obtain access. Others suggested that rural boards were easier to lobby as members were neighbors or friends encountered on a regular basis in the post office and other community centres.

c. Role of the Nurse

To date, there is much misunderstanding of the current role of the nurse on the part of the public, media, health care administrators, other professionals and by many nurses themselves. What prevails is the traditional image of the nurse, as well as one who is expressing dissatisfaction with working conditions. This dissatisfaction is being expressed through increased grievances and a shift from full-time status to one of part-time. A small minority of nurses are moving towards a lifetime commitment to the profession, exploring role expansion and aspiring to board room positions. This minority of nurses is self-directed and politically active to accomplish their goals.

d. Government Restraint

A government practice of fiscal restraint is leading to competition rather than collaboration between hospital members. A government policy of not picking up the deficit now forces organizations to hold the line and pay their own way. As a result, organizations will begin to focus on agency needs as opposed to patient needs. This policy shift has implications for new program development and old program expansion. Rural organizations who reduce their operating costs are penalized by having the surplus taken back. Some rural hospitals do not set up foundations or access lottery monies to balance their fiscal restraint, strict priority setting will ensue. All of this results in a move toward the business model of running hospitals with resources allocated to marketing and away from nursing.

e. Government Priorities

Government priorities within the Department of Hospitals and Medical Care and among departments will require greater accountability from hospitals and force them to be more creative in maintaining quality of care with fewer resources. Dependence on government funding occurs at the expense of hospital autonomy as well as determining the growth rate of programs and facilities. Fragmented funding makes it difficult to provide coordinated care for patients with complex problems. Public pressure will force the government to decide where to allocate resources while the bottom line is money and not standards. Limited governmental resources will contribute to strained relationships among institutions.

f. Dominance of the Progressive Conservative Party in Alberta

This factor was the only one which provided elicited opinions between the two groups of the study: the nurse administrators from urban and rural, acute care and long term care settings in Alberta and senior nurse administrators from Canadian teaching hospitals. The nurse administrators in Alberta perceived this factor as having greater impact on the chief nurse administrator than senior nurse administrators across Canada. Regardless of this difference in opinion, the dominance of the Progressive Conservative Party in Alberta will continue to result in governmental priorities set for political reasons. This practice will affect funding and influence the quality of health services provided. The Progressive Conservative Party in Alberta has a history of being insensitive to labour requests and, in particular, of being insensitive to professional nursing issues. This government is on record for not supporting EP2000 as well as advanced education for all nurses, as stated by elected nurse MLA's. The present standards for nurse administrators may be viewed as setting a higher standard than the government wants or is able to afford. These standards may result in additional pressure by the government to control the expanded role of professional nursing practice, thereby creating difficulty in preparing and attracting highly qualified nurse administrators.

g. The Consumer of Health Care, the Cost of Health Services, and the Trend Toward Health Promotion and Wellness

The consumer of health care today is more informed, better educated and more aware of their rights than their predecessors. The consumer has increased expectations for the provision of high quality health care as articulated through the Coalition for Universal Health Care for Albertans. Although they demand the best in health care, they have concern for escalating health costs. Because the government will support any measures which provide more cost effective services, nursing will need to provide the encouragement for the public to develop more self-care practices. This shift will result in some nurses moving away from the bedside to day hospitals and community agencies.

h. Canada Health Act

Intense lobbying by the Canadian Nurses Association of the federal Minister of Health and Welfare resulted in federal support for an expanded role of the nurse, and consequently, nurses as one of the entry points to the health care system. This federal support still requires provincial ratification prior to any changes in admission practices and health care delivery.

i. The Professional Association and Its Act

Many respondents view the influence of the professional association from several perspectives. Some respondents see the association as a non-entity and inept, with an aversion to addressing difficult political and economic issues. Real support for the standards will be minimal and the issue of professionalism of nurses is not emphasized as strongly as it could be. Others view the association as an effective lobby for issues and the influential factor in obtaining membership support for standards for nurse administrators.

The Nursing Profession Act was viewed by some respondents as influential in that it regulates nursing practice and any revisions such as standards would change the environment in which nurses function.

j. Shortage of Nurses

The shortage of nurses is both a national and provincial concern. If one is to succeed with implementing standards, one requires a strong, qualified and stable workforce as well as nursing leaders who are independent, innovative, creative, and highly motivated in key areas to make implementation possible. Those organizations without vision will resort to task oriented level of caregivers rather than retaining professional nurses. Resources will need to be directed toward recruitment and retention of nurses and strategies developed for the optimum use of human resources.

k. Computer Technology and Trends in Health Care Management

A recent trend in health care management towards hospital wide information systems provides a data base for decision-making and rapidity of information exchange. This trend facilitates the management of nursing administration. However, it will require additional staff development as new administrators are computer illiterate. In rural areas it becomes more difficult to acquire the technology and develop and maintain computer skills due to limited resources. Regardless of the location, computers can create a credibility problem and constant changes in the technology provide for a destabilizing effect. Of concern is the potential loss of the "art" of nursing.

l. Skills of the Implementor

Many respondents viewed the implementor as the major influence in the actual initiation of the implementation of the position paper. The credibility of the implementor is established through commitment to the position, skill in using resources, and acting progressively and creatively. This credibility is maintained through knowledge of implementation strategies, use of change theory to provide support to nurses during the transition and acceptance stage, and recognition that informational and interpersonal skills are effective persuaders. As well, the implementor needs to strike an ad hoc/advisory committee and invite nursing personnel to discuss standards implementation. Nurse involvement in committee work will result in the eventual ownership of the nursing administrative standards.

3. The Influence of Major Factors on Implementation. The third question which this study addressed was the determination of the degree of influence of the major factors on the implementation of the position paper. This study has revealed that two major influences of process and issues as identified in the organizational environment will need to be addressed by the chief nurse administrator in order to implement the position paper. Ten areas of influence as defined by the major influences will require action or resolution to initiate and maintain the implementation process. Further discussion of these influences is in order, based on participant suggestions and comments.

Process activities or actions to be undertaken to initiate the implementation of the position paper include:

a. Provision of Direction, Scope and Priorities

Study participants strongly agreed that the mission statement of the organization affirms the values and beliefs that influence the practice of health care in a particular institution. These statements generally provide the overall direction, scope and priorities for the development of the organization through its resources. Realization of the mission statement is entrusted with the board of trustees and accomplished through the leadership of the chief executive officer, the chief nurse administrator and senior management. Because the nursing practice standards express desirable nursing administration in Canada, the chief nurse administrator needs to initially seek institutional endorsement for the standards with senior management group members. Their support of the position paper will provide the necessary direction for initiating the implementation process.

b. Use of Appropriate Skills

Actual implementation of the position paper can not be initiated without the appointment and demonstrated commitment of a qualified individual. This individual needs to be knowledgeable about the standards and possess appropriate skills to act creatively and progressively. As well, knowledge of change theory and implementation strategies, coupled with the recognition that informational and interpersonal skills are effective persuaders, will assist during the transitional and acceptance stage of implementation. Guiding the implementor through the implementation process will be a detailed action plan previously discussed and formulated with nursing management at ad hoc/advisory committee meetings.

The chief nurse administrator assumes overall responsibility for the implementation of the CNA nursing administrative standards. The chief nurse administrator either assumes the functions of implementor or appoints a qualified individual and delegates these responsibilities. The selection of a qualified individual prepared to assume the responsibility of implementor is key to the standards success.

c. Dissemination of Standards

Recent trends in health care management indicate an increasing awareness for the need to establish nursing practice standards which reflect current and future developments in the profession. If the goal of nursing service is to provide the highest quality of care to the public, then implementation of nursing administrative standards will facilitate the achievement of that goal. The chief nurse administrator provides copies of the particularized standards to all stakeholders to disseminate the standards as widely as possible. Use of computer technology and supportive audio-visual aids will also assist with the introduction and explanation of the standards.

d. Provision of Authority and Resources for Action

While the mission statement of an organization sets the philosophical direction for action, it is the board of trustees that interprets the philosophy, provides the authority to act, and the resources for the actions. The chief nurse administrator, either directly or indirectly through the chief executive officer, presents a high profile of positive actions to influence the board to support the position paper and provide the necessary resources for implementation. Actions such as continuous presentations to the board which address the role of nursing and the need for standards provides for a clear understanding for their need. Quarterly unit rounds to show how nursing care is delivered while stressing the importance of nursing within a hospital setting further contributes to board understanding. As well, nursing care seminars or grand rounds can demonstrate to the board, the role and quality of care provided by nurses and the resultant effectiveness of that care.

In rural areas, the chief nurse administrator needs to provide data that address the cost-effectiveness of hiring nurse administrators with advanced preparation. To succeed in initiating the implementation process the rural nursing administrator will need to be a credible practitioner, a skilled politician, and an assertive lobbyist for standards.

e. Commitment to Change

The chief nurse administrator must first reach a level of conviction about the need for standards in order to generate an attitude which ingenders credibility. Having then done so, the chief nurse administrator acts as a role model with the necessary educational requirements and public reputation in the nursing profession. Only academically prepared nurse administrators are hired and mentored and the development of young leaders to replace the chief nurse administrator is fostered. Positive relationships with the whole management team is developed to garner their support for standards implementation. A variety of strategies are discussed with the Calgary nursing administrators group while maintaining a view larger than nursing and then fitting nursing into the larger picture. Expert change agents are brought into the institution who understand the environment and allow for free flow of input from all sources.

Prior to developing a prototypical position descriptor and performance appraisal tool based on the standards, the chief nurse administrator needs to participate in clinical practice at regular intervals to be in touch with reality. As well, appropriate consultants within the ministry of hospitals and medical care are utilized and the CNA actively involved, as required. Ultimate commitment to the standards is demonstrated by the chief nurse administrator through living the mission statement.

Issues which need to be addressed or resolved in order to proceed with the implementation of the position paper include:

a. Professional Domain

Nursing is predominately a women's profession. Issues pertaining to the role of women in society and the nature of women's work is often enmeshed with issues regarding the role of the nurse. Participants suggest that the current role of the nurse is misunderstood by the public, media, health care administrators, other professionals, and by many nurses themselves. In spite of this misunderstanding, a traditional image of the nurse prevails.

By way of addressing this misunderstanding, many participants proposed the need for defining the professional domain of nursing. This definition should be developed with input from all levels of nursing staff, broadly communicated and mechanisms put in place for it to be understood. Others suggested an analysis of the role of nursing for its ability to compete with other professions and attract both males and females who are career oriented. Still others suggested a need to engender a climate of trust and respect for nurses and enthusiasm for the nursing care they provide. To support this care, primary nursing delivery systems will need to be implemented which provide the environment for professional practice to nurture and grow. As practice models are developed that are congruent with professional practice, they are publicized within the institution, locally in the media and nationally in health publications. As well, every opportunity is taken for nurses to show their talents, internally on hospital wide committees and externally on task forces or commissions, to speak to a wide variety of issues facing the community.

Within the institution, planned educational programs need to be developed which promote continuing learning for nurses. Nursing staff with increased educational qualifications are sought to promote a broad view of the role of the nurse and advise on standards implementation. To assist nurses to function within their role, issues of adequate space, equipment, supplies and appropriate expertise are addressed through administrative support. As well, medically delegated functions are only accepted in concert with the delegation of non-nursing functions to support workers. Attention to all of these internal issues will begin to ensure a solid and positive relationship with staff nurses and prepare them to fight for their rights and responsibilities.

Another aspect of the professional domain of nursing requiring attention is that of the professional association, its Nursing Profession Act and the Canada Health Act. Participants viewed the Alberta Association of Registered Nurses from two perspectives. Some suggested that the association is an effective lobbyist and influential factor in obtaining membership support for the implementation of nursing administrative standards. Others suggested that the association is viewed as a non-entity and inept, with an aversion to addressing difficult political and economic issues. Any real support for standards will be minimal. Regardless of the view held, participants suggested that nurse administrators work collaboratively with other nurse administrators and join, influence, support, liaise, and consult the professional association regarding an implementation time-line. Nurse administrators were also advised to acquire a working knowledge of the Nursing Profession Act and its articles to ensure all institutional nursing policies and employment standards are congruent with the act. As well, nurse administrators were advised to be familiar with the Canada Health Act and use its sections to facilitate implementation. Still others suggested that nurse administrators lobby for independent practice for nurses and fee-for-service while speaking out for the importance of a health system that has universality and portability.

b. Creative Resource Priority Setting

Government funding for health care institutions and their programs, although pre-determined, will continue to be provided. Participants agreed that a dependence on government funding determines the growth rate of programs and facilities while adversely affecting hospital autonomy. In addition, government practice of fiscal restraint will require institutional priority setting and creative resource allocation if nursing practice standards are to be implemented. Historically, during times of fiscal restraint funds for staff development and clinical research are limited, if not substantially reduced. Those institutions which are able to reduce their operating costs are penalized by having any surplus taken back. Therefore, the incentive for responsible financial management is greatly reduced.

If institutions continue to depend upon government funding as its sole source of revenue, then senior administration will need to address the issue of resource priority setting with some degree of creativity. Hospital deficits will not be viewed favourably by the government nor the public.

Participants suggested that the nurse administrator develop a good working relationship with the ministry and demonstrate a responsible track record of cost-effectiveness within the nursing department. An invitation should be extended to the Minister, the Deputy Minister and nursing consultants to visit their facility for first-hand observation and discussion of related issues. Each member should be provided with a copy of the standards as a long term building of the "Nursing Story" with ministry officials. As well, personal contacts need to be developed within government and a willingness to educate by the nurse administrator about nursing issues.

Nurse administrators need to learn to lobby effectively for proper allocation of funds by developing their "political prowess".

Simultaneously, they need to encourage creative solutions, such as private donations, which support administrative efforts to reduce government dependence. With an awareness that government priorities change according to public demand, nurse administrators need to explore alternate, more cost-effective ways of delivering patient care. While doing so, nurse administrators need to educate policy makers on the relationship of cost containment to nursing, patient care, and the health of society. Any reductions in nursing staff influence the ability of the institution to deliver quality health care and implement nursing administrative standards.

c. Health Consumer Expectations

The consumer of health care has been identified as nursing's "raison d'etre." If nursing administrative standards were developed to ensure quality health care for the public then institutions need to establish close relationships with that public. Traditionally, health institutions adopt a one-way communication flow of information to the public without the provision of a feed-back mechanism. This approach leads to misconceptions on both sides and unrealistic expectations on the part of the health consumer.

Participants suggested that the health consumer of today is more informed and better educated. These characteristics result in a consumer with increased expectations for provision of high quality health care as well as a system which promotes a self-care concept. In order to address the expectations of health consumers, nurse administrators have a responsibility to provide an avenue for their concerns to be heard while taking an active role in informing and educating the consumer of treatment costs and expectations.

d. Recruitment and Retention

Nursing staff are an integral part of their health care institution, and as such, they influence the environment in which they function. Many participants suggested the need for a strong, qualified and stable work force in order to succeed with standards implementation.

However, the nature of the nursing work force is changing. Nurses are vocalizing their dissatisfaction with the work environment in several ways. Nurses are shifting from full-time to part-time status and initiating more grievances. Many more are choosing when, where and if to work. A shortage of nurses is of provincial and national concern.

This difficult issue needs to be resolved quickly with recruitment and retention strategies which reflect a shared vision of the needs of the profession. Several participants suggested that institutions work on becoming a magnet hospital, one which values the patient and caregiver and provides the necessary structure and subsystems for nurses to advance in a variety of directions. Without proven recruitment and retention strategies, nursing manpower will be at risk, as well as standards implementation.

e. Lack of Government Support

Nurse administrators will be challenged by the broad issue of lack of government support and in particular, the dominance of the Progressive Conservative Party in Alberta. Participants reminded nurse administrators that the present political party is on record as not supporting EP2000 and therefore the nursing administrative standards may be viewed as setting a higher standard than the government wants or is able to afford. As well, the present party historically has not been supportive of professional issues. Priorities are set for political reasons; this affects funding allocation and influences the quality of services institutions are able to provide. There is political pressure to control the expanded role of [illegible]fessional nursing practice and this stance by government will create difficulty in preparing and attracting highly qualified nurse administrators.

To address this complex issue, participants suggested the need for nurse administrators to be politically active and circulate the standards to MLA's and the Premier for information and endorsement. Above all, nurse administrators need to be aware that any political philosophy has implications for action and policy. Therefore, they need to continue to function at a high level within their realm of responsibility, regardless of the government in power.

If all else fails, nurse administrators should exercise their franchise on voting day and support those candidates with a common concept and ideals for nursing.

7 In summary, nurse administrators will need to address many influences in order to implement the 1988 CNA position paper. Two major influences, process and issues, will require attention in order to initiate and maintain the implementation process. Of the two major influences, issues is deemed to be the key to success. Issues such as the professional domain of nursing, creative resource priority setting, health consumer expectations, recruitment and retention, and lack of government support will require resolution in order to proceed with standards implementation. In addition, however, process activities such as the provision of direction, scope, priorities, authority, and resources for action need to be acquired in order to initiate implementation. Having acquired a mandate to proceed, additional process activities of commitment to change, use of appropriate

skills, and dissemination of standards will initiate the implementation process.

4. Implementation Strategies. The fourth question which this study addressed was the identification of possible implementation strategies for the chief nurse administrator to consider when implementing the 1988 CNA position paper. This study has revealed that selected nurse administrators suggested a total of 722 possible strategies of which 302 were proposed original strategies.

The implementation strategies focused on the two major influences, process and issues, and ten areas of influence. Of the two major influences, issues remained more influential than process. The area of influence of Professional Domain resulting from the major influence of issues included the greatest number of possible strategies. The area of influence of Provision of Direction, Scope and Priorities resulting from the major influence of process, include the greatest number of possible strategies. Of the total possible suggestions, the highest area of influence was Professional Domain. A complete list of suggested implementation strategies is found in Appendix F.

5. Nurse Administrators' Perspective of Policy Implementation. The fifth question which this study addressed was related to panel group member differences in response patterns. This study examined response patterns of advisory panel members comprised of nurse administrators from acute and long term care, urban and rural settings in Alberta, with reaction panel members comprised of senior nurse administrators from teaching hospitals across Canada. Both groups were requested to rate each major factor for its degree of impact on the chief nurse administrator.

This study has demonstrated that the perspective of both groups is essentially the same. The only item of significant difference between the two groups was the degree of impact the Dominance of the Progressive Conservative Party in Alberta would have on the chief nurse administrator. The advisory panel perceived this factor to have more impact than the reaction panel. The difference in opinion is attributed to geography. In spite of this difference in opinion, a review of all pooled variance estimates for the advisory and reaction panel members demonstrated minimal disagreement while rating major factors for their degree of impact on the chief nurse administrator.

6. The Policy Delphi Technique. The sixth question in this study related to the utility of the policy Delphi technique as a research method for investigating the process of policy implementation. The selection of a policy Delphi technique for this study was justified for four reasons. First, it created the necessary climate and provided the anonymity for nurse administrators to examine a complex issue through iteration and controlled feedback. Second, the technique engendered commitment on the part of its participants as evidenced by a 100% response rate of advisory panel members. Third, it provided the study monitor with all of the possible options and supporting evidence on the resolution of a policy issue rather than a consensus of opinion. In this way, the policy Delphi became a decision-analysis tool rather than a decision-making tool. Fourth, the results indicated that the policy Delphi technique can be used in research associated with nursing administration policy issues.

The major limitation of the policy Delphi is in long distance use. A response rate of 50% of reaction panel members, although sufficient for most purposes, was unexpected. The lack of control experienced by the study monitor coupled with high mailing costs would suggest the need for reflection regarding a study involving extensive long distance mailing. Another limitation related to the amount of data generated. At times, it was overwhelming and the compilation of the data was very time-consuming.

Study participants expressed their thanks for the opportunity to participate in the research and the value accrued in learning about a policy Delphi. One of these participants declared her intent to use the "same process in addressing the issue of renal dialysis at the national level."

Policy Implementation

The implementation frameworks as proposed by Sabatier and Mazmanian (1979, 1981) and Newcombe and Conrad (1981) and the literature pertaining to the role and educational preparation of nurse administrators provided useful constructs to organize the examination of the implementation process. Broad categories of variables involved in the implementation process and identified in the literature are confirmed by the findings of this study. Participants considered governance factors as the most important and influential factor, followed closely by political factors. Of secondary importance and influence were implementor factors, economic factors and Regulatory factors. Demographic factors were viewed only as moderately important and influential. Of slight importance were social, technological and substructure factors. Both ecological and subsystem factors were viewed unimportant and uninfluential on the implementation of the 1988 CNA position paper.

In relation to the primary major factor of chief nurse administrator, study participants considered implementor factors to have the highest degree of impact, followed closely by governance factors. Of next importance were economic, political, regulatory, demographic, social, substructure and technological factors in descending order. Ecological and subsystem factors were considered of no significant impact.

In an attempt to identify the broad categories of variables and subsequent factors involved in the implementation process, a schema of variables involved in the implementation of CNA standards for nursing administration is suggested and depicted in Figure 5. Recent events such as the new federal budget, the final report of the Premier's Commission and the Job Enhancement Advisory Committee many result in different responses and ratings if the study was conducted again. At most, the study findings represent selected nurse administrators' perceptions of events and actions during a specific period in time. However, while new issues may arise or be resolved and process activities undertaken, it is anticipated that a similar study would continue to identify the major influences involved in the implementation of CNA standards for nursing administration as depicted in Figure 6.

Implications

Based on the findings and conclusions of this study, several implications are considered. First, implications are proposed in the form of ten propositions with specific strategies for action, for deliberation by nurse administrators responsible for institutional implementation. Then some implications for nursing colleagues are presented and finally future research is suggested.

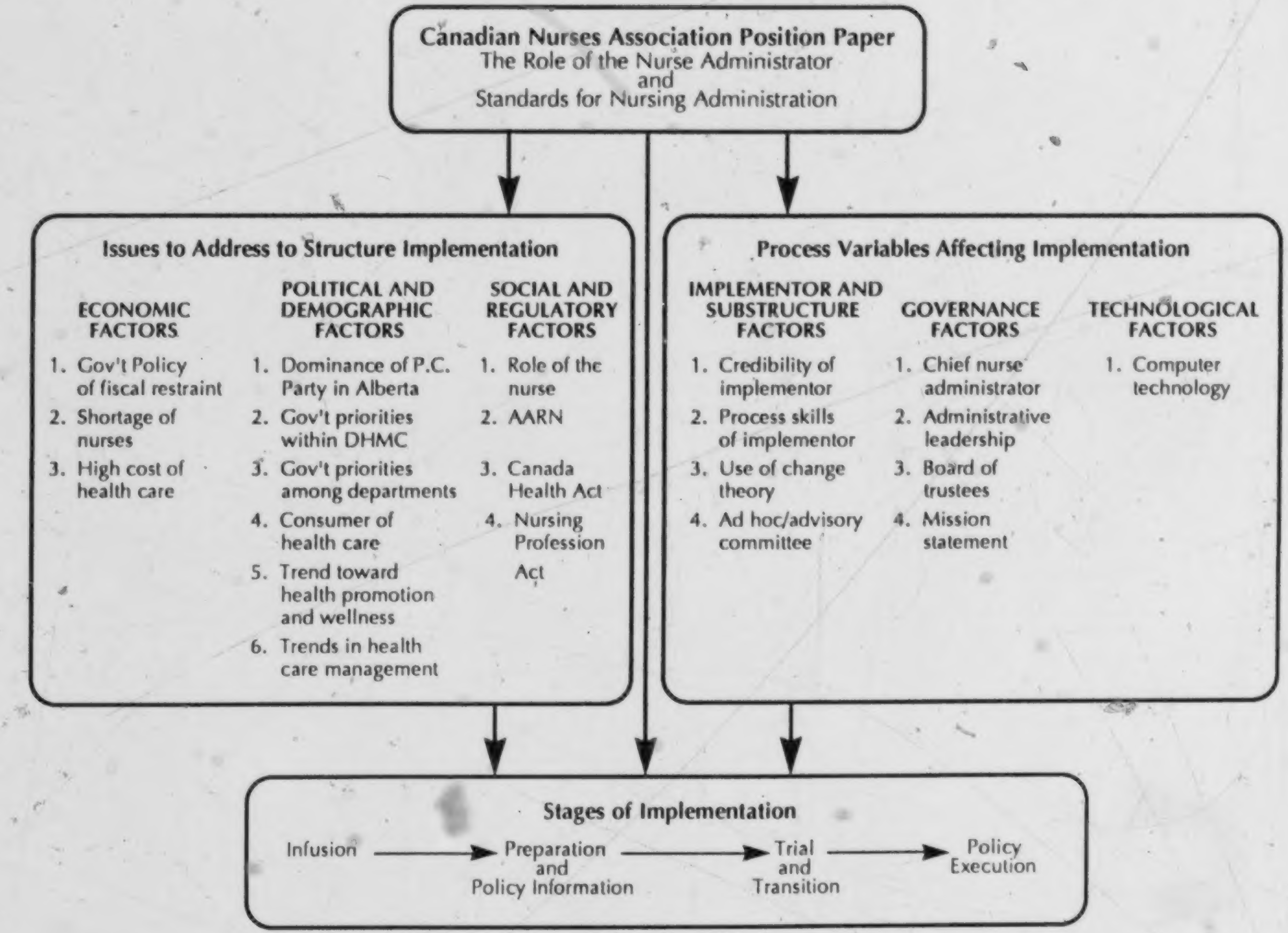
Canadian Nurses Association Position Paper
The Role of the Nurse Administrator
and
Standards for Nursing Administration
Issues to Address to Structure Implementation
ECONOMIC FACTORS
1. Gov't Policy of fiscal restraint
2. Shortage of nurses
3. High cost of health care
POLITICAL AND DEMOGRAPHIC FACTORS
1. Dominance of P.C. Party in Alberta
2. Gov't priorities within DHMC
3. Gov't priorities among departments
4. Consumer of health care
5. Trend toward health promotion and wellness
6. Trends in health care management
SOCIAL AND REGULATORY FACTORS
1. Role of the nurse
2. AARN
3. Canada Health Act
4. Nursing Profession Act
Process Variables Affecting Implementation
IMPLEMENTOR AND SUBSTRUCTURE FACTORS
1. Credibility of implementor
2. Process skills of implementor
3. Use of change theory
4. Ad hoc/advisory committee
GOVERNANCE FACTORS
1. Chief nurse administrator
2. Administrative leadership
3. Board of trustees
4. Mission statement
TECHNOLOGICAL FACTORS
1. Computer technology
Stages of Implementation
Infusion
Preparation and Policy Information
Trial and Transition
Policy Execution

Figure 5

Schema of Variables Involved in the Implementation of CNA Standards for Nursing Administration

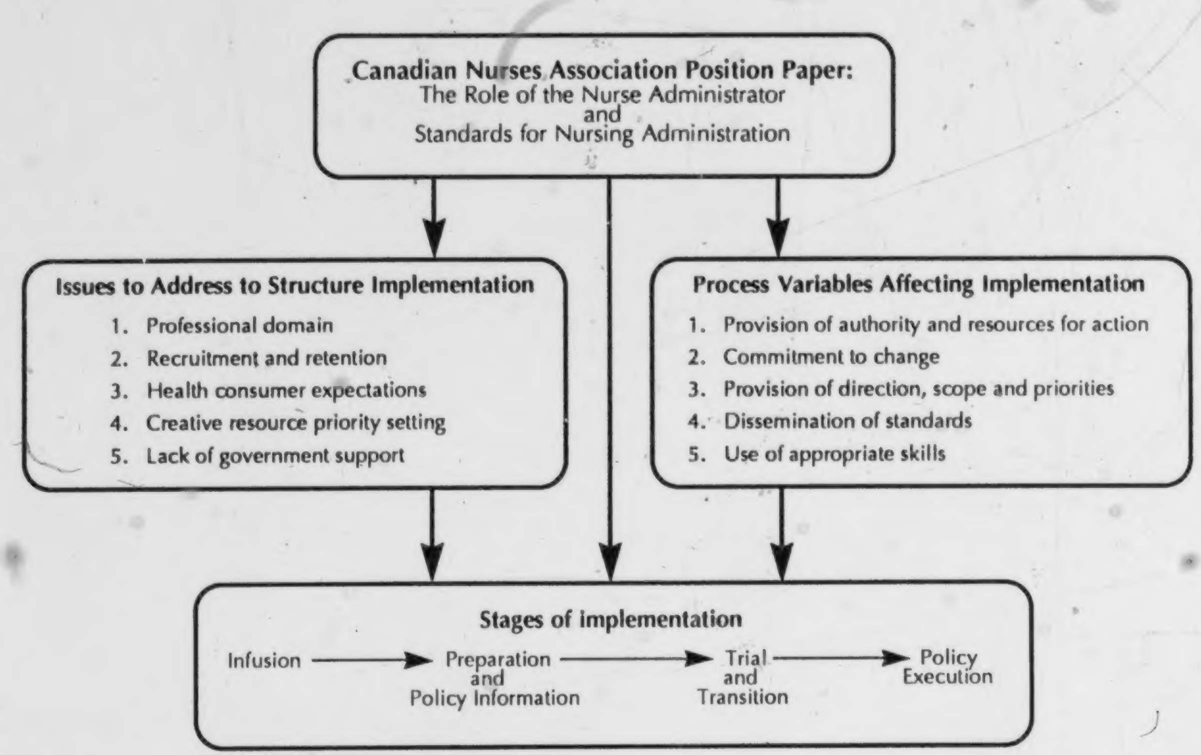
Canadian Nurses Association Position Paper:
The Role of the Nurse Administrator
and
Standards for Nursing Administration
Issues to Address to Structure Implementation
1. Professional domain
2. Recruitment and retention
3. Health consumer expectations
4. Creative resource priority setting
5. Lack of government support
Process Variables Affecting Implementation
1. Provision of authority and resources for action
2. Commitment to change
3. Provision of direction, scope and priorities
4. Dissemination of standards
5. Use of appropriate skills
Stages of implementation
Infusion
Preparation and Policy Information
Trial and Transition
Policy Execution

Figure 6

Schema of Major Influences Involved in the Implementation of CNA Standards for Nursing Administration

Propositions Regarding Implementation of CNA Standards for Nursing Administration

The purpose of this section is to present some propositions regarding implementation of the CNA standards for nursing administration. These propositions, in addition to specific strategies for action, are proposed to generate further discussion. The propositions are derived from the data of the third-round policy Delphi and are divided into two sections: Implications of the Major Influence of Process, and Implications of the Major Influence of Issues.

Implications of the Major Influence of Process

Proposition 1: Provision of Direction, Scope and Priorities

Ensure the nursing department's goals are relevant and achievable through optimum use of available resources.

Specific Strategies:

a) Review the organizational mission statement for congruence.

b) Show relevance of the mission statement to direct patient care activity.

c) Use mission statement as a base to articulate future nursing needs.

d) Discover CEO value system and tie implementation of standards to it.

e) Seek institutional endorsement with senior management group members.

Proposition 2: Use of Appropriate Skills

Appoint a qualified and committed individual to assume the responsibility of implementor.

Specific Strategies:

a) Select only qualified change agents.

b) Recognize that informational and interpersonal skills are affective persuaders.

c) Consider implementation in gradual, smaller components.

d) Use a detailed plan of action.

e) Keep others informed and include relevant stakeholders in the process.

Proposition 3: Dissemination of Standards

Develop and utilize innovative and cost-effective dissemination methods.

Specific Strategies:

a) Provide a copy of standards to all stakeholders.

b) Have a good working knowledge of computer technology.

c) Use MIS and NMIS.

d) Develop a video.

e) Submit articles regarding implementation strategies.

Proposition 4: Provision of Authority and Resources for Action

Ensure board support and resources for action.

Specific Strategies:

a) Attend regular board meetings and present a high profile of positive actions.

b) Conduct quarterly nursing rounds to show how care is delivered and the importance of nursing.

c) Use nursing care seminars and nursing grand rounds to demonstrate the role and quality of care provided.

d) Acquire background knowledge of board members and plug into their value and belief system.

e) Prepare written reports in lay language.

Proposition 5: Commitment to Change

Demonstrate commitment to the CNA standards for nursing administration.

Specific Strategies:

a) Acts as a role model with necessary degrees, public reputation in nursing profession and in the whole health administrative field.

b) Refutes in writing and in public any written reports harmful to the nursing profession.

c) Only hires academically prepared nurse administrators.

d) Drafts a prototypical position descriptor based on the standards.

e) Develops a performance appraisal tool based on the standards.

Implications of the Major Influence of Issues

Proposition 6: Professional Domain

Define the professional domain of nursing and communicate it internally, locally and nationally.

Specific Strategies:

a) Define the role of the nurse.

b) Develop practice models that are congruent with professional practice.

c) Liaise with Schools of Nursing to educate a realistic product.

d) Support the professional association.

e) Acquire knowledge of the Nursing Profession Act and its articles.

f) Obtain a working knowledge of the Canada Health Act and use sections to facilitate implementation.

Proposition 7: Creative Resource Priority Setting

Review present resources and develop alternative sources for generating revenue.

Specific Strategies:

a) Demonstrate a responsible track record of cost-effectiveness within the nursing department.

b) Encourage creative solutions such as hiring a Director of Development to generate revenue.

c) Learn to lobby effectively for proper allocation of resources.

d) Explore alternate more cost-effective ways of delivering patient care.

e) Educate policy makers on the relationship of cost containment on nursing, patient care, and the health of society.

Proposition 8: Health Consumer Expectations

Develop a communication system which provides for a two-way flow of information and joint problem-solving.

Specific Strategies:

a) Serve as a patient advocate.

b) Ensure nursing philosophy has a focus regarding the consumer and health promotion.

c) Become involved with consumer groups through committee work and educate regarding costs of treatment and realistic expectations.

d) Be aware of trends and directions in health care.

e) Examine medical manpower and cost of medical practice.

Proposition 9: Recruitment and Retention

Ensure a strong, qualified and stable work force through recruitment and retention policies.

Specific Strategies:

a) Become a magnet hospital.

b) Eliminate ritualistic task activities.

c) Demonstrate shortage of nurses.

d) Value the patient and caregiver.

e) Advocate EP2000 now.

f) Provide the structure for nurses to advance in a variety of directions.

Proposition 10: Lack of Government Support

Develop political skills and learn to lobby effectively.

Specific Strategies:

a) Circulate standards to MLA's and Premier for endorsement and support.

b) Support candidates with common concept and ideals for nursing.

c) Exercise franchise on voting day.

d) Use peer groups to get it on record.

e) Involve the professional association.

Implications for Nursing Administration

1. Vice-Presidents and directors of nursing should become familiar with the 1988 CNA position paper on standards for nursing administration and use the standards to guide their administrative practice.
2. Directors of nursing should distribute the CNA standards to all levels of nursing administration reporting to them, to support acceptance and implementation of the standards.
3. Nurse administrators should particularize the standards for their health care setting and provide a mechanism for periodic review, updating and evaluation.
4. Consideration be given to establishing a committee to recommend strategies for the institutional implementation of the CNA standards.

Implications for Nursing Education

1. The Nursing Education Committee of the Universities Coordinating Council should be made aware of the CNA standards and recommend inclusion in the schools of nursing curriculum which addresses professionalism, accountability, and nursing management.
2. Nurse educators need to review the current distance management courses for credit transfer and adoption into the post-secondary educational system.
3. Nurse educators need to adopt an innovative and collaborative approach tor the provision of expanded educational opportunities for nurse administrators.

Implications for Professional Nursing Associations

1. The Alberta Association of Registered Nurses should request the support of the CNA standards of the following: Alberta Hospital Association Nursing Management Group; the Committee of Nursing Administrators of General Hospitals, Calgary; the Committee of Nursing Administrators of General Hospitals, Edmonton; the Executive Nurses Association of Alberta; and the Society of Community Health Nursing Supervisors of Alberta.
2. The Alberta Association of Registered Nurses should continue to dialogue with the CNA Committee to Lobby for Nursing Administration Education and provide support for their recommendations.
3. The Canadian Nurses Association and the Alberta Association of Registered Nurses should be aware of the findings of this study.

Implications for Future Research

This study is a first in policy research in nursing administration in Canada. If nurse administrators are to become involved in implementation of policy that affects the domain of nursing, there is a need for more nursing administrative policy research. As an initial recommendation for future research, more policy research in nursing administration should be carried out.

As a result of the findings of this study, several directives for future research require attention. These are:

1. Linking Standards With Practice

   Research should be conducted to determine the linkage between standards with practice and the concepts of structure, process, and outcomes, inherent in standards.

2. Closing the Implementation Gap

   Research should be conducted to further explore conditions which impede and facilitate implementation in relation to closing the "gap" within the "implementation gap".

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APPENDIX A

INFORMED CONSENT FORM

Informed Consent Form

IMPLEMENTATION OF CNA STANDARDS FOR NURSING ADMINISTRATION

Principal Investigator: Evelyn Guillemin R.N., B.Sc.N., M.A.,
Ph.D. Candidate

Faculty of Nursing
University of Calgary
Telephone: University of Calgary (403) 220-6262
Home (403) 255-0507

This study is concerned with selected nurse administrators identifying factors expected to influence the implementation of the 1987 Canadian Nurses Association Position Paper on the Role of the Nurse Administrator and Standards for Nursing Administration; to estimate the degree of influence the factors have on the process of implementation; and to recommend strategies for effective implementation. Selected senior nurse administrators will react to proposed implementation strategies. The results of the study will be prototypic in nature and may be published in nursing administration and educational journals. The findings of this study will contribute to our understanding of the process of policy implementation.

Participation in the study involves responding to a round or rounds of questionnaires circulated over an interval between now and June 1988. All responses will be treated confidentially and each questionnaire will be coded with the participant's own identification number to ensure anonymity. All identifying personnel and institutional information will be disguised or withheld in the final report. Interpretation of response data will be sole responsibility of the principal investigator. I further understand that I may decline to answer any of the questions and withdraw from the study without penalty. A final report of the study will be available for each participant, if desired.

The potential risks and benefits of this study have been discussed with me and I have had an opportunity to ask questions which have been satisfactorily answered. I agree to voluntarily participate in this study within the terms outlined in this consent form.

Signature of Participant ____________________ Date ____________________

Signature of Investigator ____________________ Date ____________________

APPENDIX B

FIRST-ROUND POLICY DELPHI
QUESTIONNAIRE FOR ADVISORY PANEL

April, 1988

Evelyn J. Guillemin
1232 Belavista Cres. S.W.
Calgary, Alberta
T2V 2B1

Thank you for agreeing to participate in this doctoral study of IMPLEMENTATION OF CNA STANDARDS FOR NURSING ADMINISTRATION. With your assistance, I hope to identify factors expected to influence the implementation of the 1988 Canadian Nurses Association Position Paper; to estimate the degree of influence the factors have on the process of implementation; and to recommend strategies for effective implementation.

You have been selected along with other nurse administrators from urban and rural acute care and long term care organizations to form an advisory panel for this study. A policy Delphi has been selected to structure group communication. As a member of the advisory panel you will be responsible for providing data for three rounds of questionnaires circulated over an interval between now and June 1988. Please refer to the handout in your package of materials for additional information regarding the policy Delphi technique.

A reaction panel comprised of senior nurse executives in Canada will be requested to agree or disagree with the proposed strategies and give reasons for their choice. The data from this study will then be reported in the dissertation I am writing for my doctoral degree in Educational Administration at the University of Alberta.

Your package of handout materials includes a cover letter; a policy Delphi explanation; the 1988 CNA Standards for Nursing Administration paper; an Informed Consent Form; a Personal Data Sheet; a timeline for the study; an Implementation Framework; and Round I of the questionnaire.

Please complete and return the Consent Form, the Personal Data Sheet and Round I of the questionnaire. It is my intention to hand deliver all materials on a Monday and pick up the completed questionnaires on the Friday of the same week. I will begin the data collection for Round I April 4, 1988. Please adhere to the deadline of April 8, 1988 as preparation of Round II cannot commence until all Round I questionnaires are returned.

If at any time you have any questions, please feel free to call me at my home at (403) 255-0507.

Thank you again.

Sincerely,

Evelyn J. Guillemin
Doctoral Candidate

IMPLEMENTATION OF 1988 CNA STANDARDS FOR NURSING ADMINISTRATION

ROUND I

IDENTIFICATION OF INTERNAL AND EXTERNAL ENVIRONMENTAL FACTORS WHICH INFLUENCE THE IMPLEMENTATION PROCESS

BACKGROUND

Implementation of a position paper or policy statement on practice standards is influenced by internal and external environmental factors. Implementation literature identifies various stages in the implementation process beginning with the policy statement itself and then the introduction of the policy at the organizational level and ending with the gradual acceptance and compliance with the policy statement. The rate and degree of progress through the stages of implementation is dependent upon both internal and external factors. Several categories of factors include:

A. EXTERNAL FACTORS

1. POLITICAL (eg. political conditions; governmental priorities)
2. ECONOMIC (eg. economic conditions; economic policy; cost of health care)
3. TECHNOLOGY (eg. medical technology; computers)
4. DEMOGRAPHY (eg. population growth; residential patterns)
5. SOCIAL (eg. norms; values; role of women)
6. REGULATORY (eg. professional association; federal and provincial laws)
7. ECOLOGY (eg. physical environment; health trends)

B. INTERNAL FACTORS

8. GOVERNANCE (eg. commitment of administration to act; ability to act progressively; allocation of resources)
9. IMPLEMENTORS (eg. commitment to position; skill in utilizing available resources)
10. SUBSTRUCTURES (eg. support services)
11. SUBSYSTEMS (eg. personnel within unit or subsystems experiencing impact of position)

INSTRUCTIONS

1. Examine carefully the factors influencing implementation.

The above external and internal factors, with eleven major categories has been identified to provide a framework for deliberation. The questionnaire is divided into eleven categories. Please feel free to introduce additional categories (OTHER EXTERNAL FACTORS and OTHER INTERNAL FACTORS sheets have been provided for this purpose) and additional space can be found at the end of the questionnaire.

2. Identify influencing factors within each category.

As an individual, within each category, identify any factors expected to influence the implementation of the CNA Position Paper on Standards for Nursing Administration. Space has been provided for three responses. You may wish to suggest fewer or more than three factors. Additional space can be found at the end of the questionnaire.

3. Support each choice with a reason.

For each identified factor, please give a reason for the importance of your choice. An example is provided below:

> EXAMPLE:
> ECONOMIC
>
> Economic factors expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:
>
> a) Factor: Recessed Economy
>
> Reason for Importance: Health care organizations will have to economize and allocate their limited funds in the most effective and efficient manner. Limited funds may not permit complete compliance with standards as identified.

DEADLINE

Preparation of Round II cannot commence until all Round I questionnaires are returned. Please adhere to the deadline of April 4 - 8, 1988 for delivery and pick-up. Thank you.

A. EXTERNAL FACTORS

1. POLITICAL

Political factors (such as political conditions, governmental priorities etc.) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for
Importance:

(b) Factor:

Reason for
Importance:

(c) Factor:

Reason for
Importance:

2. ECONOMIC

Economic factors (such as economic conditions, economic policy, cost of health care etc.) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for Importance:

(b) Factor

Reason for Importance:

(c) Factor:

Reason for Importance:

3. TECHNOLOGY

Technological factors (such as medical technology, computers, etc.) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for
Importance:

(b) Factor:

Reason for
Importance:

(c) Factor:

Reason for
Importance:

4. DEMOGRAPHY

Demographic factors (such as population growth, residential patterns, etc.) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for Importance:

(b) Factor:

Reason for Importance:

(c) Factor:

Reason for Importance:

5. SOCIAL

Social factors (such as norms, values, role of women, etc.) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for Importance:

(b) Factor:

Reason for Importance:

(c) Factor:

Reason for Importance:

6. REGULATORY

Regulatory factors (such as professional associations, federal and provincial laws, accreditation, etc.) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for
Importance:

(b) Factor:

Reason for
Importance:

(c) Factor:

Reason for
Importance:

7. ECOLOGY

Ecological factors (such as the physical environment, health trends, etc.) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for Importance:

(b) Factor:

Reason for Importance:

(c) Factor:

Reason for Importance:

OTHER EXTERNAL FACTORS

CATEGORY: ____________________

____________________________ factors expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for
Importance:

(b) Factor:

Reason for
Importance:

(c) Factor:

Reason for
Importance:

B. INTERNAL FACTORS

8. GOVERNANCE

Governance factors (such as commitment of administration to act, the ability of administration to act in a manner that promotes progress, allocation of resources, etc.) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for Importance:

(b) Factor:

Reason for Importance:

(c) Factor:

Reason for Importance:

9. IMPLEMENTORS

Implementor factors (such as commitment to position, skill in utilizing available resources, etc.) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for
Importance:

(b) Factor:

Reason for
Importance:

(c) Factor:

Reason for
Importance:

10. SUBSTRUCTURES

Substructure factors (such as available support services, etc.) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for Importance:

(b) Factor:

Reason for Importance:

(c) Factor:

Reason for Importance:

11. SUBSYSTEMS

Subsystem factors (such as personnel within units or subsystems experiencing impact of position) expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for Importance:

(b) Factor:

Reason for Importance:

(c) Factor:

Reason for Importance:

OTHER INTERNAL FACTORS

CATEGORY: ____________________

________________________ factors expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration include:

(a) Factor:

Reason for Importance:

(b) Factor:

Reason for Importance:

(c) Factor:

Reason for Importance:

ADDITIONAL COMMENTS:

Thank you for your valued assistance. Please return this questionnaire, the personal data sheet and the consent form (if you have not already done so) in the envelope provided and leave with your secretary for pick-up.

You may wish to retain a copy of your responses for later reference.

APPENDIX C

SECOND-ROUND POLICY DELPHI QUESTIONNAIRE FOR ADVISORY PANEL

Evelyn J. Guillemin
1232 Belavista Cres. S.W.
Calgary, Alberta
T2V 2B1

May, 1988

Welcome to Round II of the Policy Delphi study IMPLEMENTATION OF CNA STANDARDS FOR NURSING ADMINISTRATION. This study is being conducted in partial fulfillment for my doctoral degree in Educational Administration at the University of Alberta.

Data from Round I has resulted in a comprehensive document which identifies external and internal factors expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration. Your task is to rate the factors for their degree of importance and the degree of influence they have on the policy implementation process. A rating scale is provided to assist you in your choice and for maintaining a higher degree of consistency.

The Round II questionnaire reflects a recording of nearly all responses provided by you, the advisory panel. When similar factors or reasons were identified, they were recorded as one statement. Some responses were shifted to other categories based upon investigator opinion.

Round II questionnaire has been piloted and takes approximately 30 minutes to complete. You may wish to use several short sittings to complete it.

It is my intention to hand deliver Round II materials on Friday, May 13, 1988 and pick up the completed questionnaire from your secretary on Monday, May 30, 1988 at 12 noon. Please adhere to the deadline as preparation of Round III cannot commence until all Round II questionnaires are returned.

If at any time you have any questions, please feel free to call me at my home, 225-0507 or at work, 268-9111.

Thank you for your continued support.

Sincerely,

Evelyn J. Guillemin
Doctoral Candidate

EJG:es

IMPLEMENTATION OF CNA STANDARDS FOR NURSING ADMINISTRATION

ROUND II

Instructions

1. Detach the pink Rating Scale to consult while recording your answers.

2. Examine each proposed factor expected to influence implementation and the reasons for its importance. All responses have been suggested by the advisory panel and are included because at least one participant felt it was important. You may or may not agree with all of the reasons provided.

3. Rate each factor for their degree of importance and the degree of influence they will have on the implementation process utilizing the pink Rating Scale. Circle the answer of your choice.

4. Please adhere to the deadline of Monday, May 30, 1988 at 12 noon. Please leave with your secretary for pick-up.

Thank you.

IMPLEMENTATION OF CNA STANDARDS FOR NURSING ADMINISTRATION

RATING SCALES

A. DEGREE OF IMPORTANCE/RELEVANCE OF FACTOR

	Scale Reference	Definitions
1	Very Important	. A most relevant factor . First order priority . Has direct bearing on process . Must be resolved, dealt with
2	Important	. Is relevant to the process . Second order priority . Significant, but not until other items are treated
3	Slightly Important	. Relatively unsignificant . Third order priority . Not a determining factor to process
4	Unimportant	. No relevance . No priority . No measurable effect . Should be dropped as an item to consider

B. DEGREE OF INFLUENCE/DESIRABLILITY OF FACTOR

	Scale Reference	Definitions
1	High Influence	. Will have a positive effect and little or no negative effect . Will have major influence on process
2	Moderate Influence	. Will have a positive effect with minimal negative effects . Will have some influence on process
3	Low Influence	. Will have a negative effect with minimal positive effects . Will have no direct influence on process
4	No Influence	. Will have a negative effect . Will not influence the process . Should be dropped as an item to consider

Participant #________

IMPLEMENTATION OF 1988 CNA STANDARDS FOR NURSING ADMINISTRATION

ROUND II

RATING OF EXTERNAL AND INTERNAL FACTORS

A. EXTERNAL FACTORS

1. POLITICAL FACTORS	Importance	Influence
1. Factor: Lack of unity in commitment to quality health care by federal and provincial governments	1 2 3 4	1 2 3 4

Reason for Importance:
- Results in inconsistent priorities
- Priorities influence resource allocation
- Hard line attitude creates atmosphere of distrust and uncertainty
- Commitment to access of health care rather than medical care would result in shift in priorities
- No master plan to fund Master's and Ph.D. programs to the extent that will be required in the future

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2. Factor: Dominance of the Progressive Conservative Party in Alberta	1 2 3 4	1 2 3 4

Reason for Importance:
- Priorities set for political reasons
- Present philosophy affects funding
- Policies influence quality of services to be provided
- Insensitive to labour requests
- Lack of support for advanced education for nurses by elected nurse MLA's
- Historically not supportive of professional issues
- Inadequate funding for academic nursing programs
- On record for not supporting EP 2000
- Standards may be viewed as setting a higher standard than government wants/can afford
- Pressure to control expanded role of professional nursing practice
- Will create difficulty in preparing and attracting highly qualified nurse administrators

1. POLITICAL FACTORS (Continued) Importance Influence

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3. Factor: Government priorities among departments 1 2 3 4 1 2 3 4

Reason for Importance:

- Will require greater accountability from hospitals
- Will force hospitals to be more creative in maintaining quality of care with fewer resources
- Will determine growth rate of programs and facilities
- Dependence on government funding occurs at the expense of hospital autonomy
- Fragmented funding makes it difficult to provide coordinated care for patients with complex problems

---

4. Factor: Government priorities within the Department of Hospitals and Medical Care 1 2 3 4 1 2 3 4

Reason for Importance:

- Limited funding will cause strained relationships among institutions
- Pressure will force the government to decide where to allocate resources
- Bottom line is money and not standards

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5. Factor: Strained relations among care providers 1 2 3 4 1 2 3 4

Reason for Importance:

- In times of uncertainty and restrained resources, important that all are seen to be working toward common goal rather than every man for himself

1. POLITICAL FACTORS (Continued)	Importance	Influence
6. Factor: A hospital in every rural township Reason for Importance: Politicians provide for the needs of their constituents in concrete ways Utilizes limited resources for the wrong reasons Provides duplication of services Cannot be adequately staffed thereby affecting the quality of care	1 2 3 4	1 2 3 4
7. Factor: Premier's Commission on Health Care 1988 Reason for Importance: Will influence policies regarding future direction of Alberta Health Care	1 2 3 4	1 2 3 4
8. Factor: Alberta Hospital Association Reason for Importance: The unofficial policy of the Provincial Progressive Conservative Party Does not support EP 2000 May not support contributing members to employ well prepared nurse administrators Equates nursing with housekeeping and maintenance and not as a therapy	1 2 3 4	1 2 3 4

1. POLITICAL FACTORS (Continued)	Importance	Influence
9. Factor: Powerful Physicians Lobby	1 2 3 4	1 2 3 4
Reasons for Importance: Places pressure on Federal and Provincial governments to implement policies which accede to the wishes of the medical profession which frequently are in conflict with those of the nursing profession Society values medical opinions Good client care is dependent upon collaboration with all health care professionals Resistant to changes within the nursing profession Remains medical and illness oriented		
10. Factor: Consumer of Health Care	1 2 3 4	1 2 3 4
Reason for Importance: Increased expectations for provision of high quality health care More informed and better educated Choosing self care concept More aware of their rights Articulating their wishes ie) Coalition for Universal Health Care for Albertans Concern for escalating health costs while demanding the best Needs encouragement to develop self care practices		
11. Factor: Nurses Strike January 1988	1 2 3 4	1 2 3 4
Reasons for Importance: Moved Alberta government to examine issues internal and external to the profession Increased political awareness of nurses and their role Hampered positive relationships between nurses and legislators		

2. ECONOMIC FACTORS	Importance	Influence
1. Factor: Price of oil and gas Reason for Importance: Oil Cartel has the capacity to produce oil at $2 a barrel and flood the world market with cheap oil resulting in decreased oil revenue and fewer dollars	1 2 3 4	1 2 3 4
2. Factor: Economic recession Reason for Importance: Health care expenditures are becoming a target for government cutbacks Resource allocation dependent upon clear and concise rationale Limited nursing resources prompts creative thinking and accountability Affects priorities which can be met Leads to scarcity of jobs In rural areas may not be able to afford nurses with advanced educational prepration Causes population shifts and may be stuck with facilities and programs we cannot afford to operate Men may leave to find jobs, taking nurse wives with them	1 2 3 4	1 2 3 4
3. Factor: Buoyent economy Reasons for Importance: Increased funding for health care No further cuts, no further staffing cuts Opportunity for program development and possible expansion Strong employment market	1 2 3 4	1 2 3 4

2. ECONOMIC FACTORS (Continued)	Importance	Influence
4. Factor: Government policy of fiscal restraint	1 2 3 4	1 2 3 4

Reasons for Importance:

Leads to competition rather than collaboration
Focus on agency needs rather than patient needs
Competitive style requires different leadership styles
Policy shift to "not picking up the deficit"
Organizations forced to hold line or pay own way
Rural hospitals unable to set up foundations or access lottery monies to balance fiscal restraint
Small hospitals who reduce operating costs are penalized by having surplus taken back
Will require priority setting
Insufficient funds for staff development
Lack of a consistent base for decision making for hospital and community budgets
Decisions made according to squeaky wheel phenomenon
Results in move toward business model with resources allocated to marketing and away from nursing
Does not include monies for clinical research

---

5. Factor: High cost of health care	1 2 3 4	1 2 3 4

Reasons for Importance:

Goverment will support any measures which provide more cost effective services ie) standard implementation
May create a reallocation of resources away from nursing services
Produces ethical dilemmas
Focus on demonstrating productivity
Require skilled leaders for resource utilization

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2. ECONOMIC FACTORS (Continued)	Importance	Influence
6. Factor: Shortage of nurses	1 2 3 4	1 2 3 4

Reasons for Importance:

National and provincial concern

Need a strong, qualified and stable workforce to succeed with standards

Many choosing when to work

Need qualified nursing leaders who are independent, innovative, creative and highly motivated in key areas to make implementation possible

Corporations without vision will resort to task oriented level of care givers rather than retaining professional nurses

Resources need to be directed toward recruitment and retention and optimum use of human resources

---

7. Factor: Provincial budget cuts to educational institutions	1 2 3 4	1 2 3 4

Reasons for Importance:

Cuts will not allow for expansion of present nursing programs nor support new programs for higher degrees in nursing

3. TECHNOLOGY FACTORS Importance Influence

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1. Factor: Rapidly changing technology 1 2 3 4 1 2 3 4

Reasons for Importance:
- Nursing research on the impact of this technology on patient well-being is supported by other professionals
- Presents a destabilizing factor

---

2. Factor: Medical technology 1 2 3 4 1 2 3 4

Reasons for Importance:
- Causes transferring of medical functions to nursing
- Causes increased fragmentation in nursing and promotes specialization
- Creates ethical, moral, legal issues that require time to resolve
- Changes the degree of illness incapacity
- Picking up missed diagnoses
- Impacts need for additional staff development
- Promotes a "love affair" with the mechanical aspects of care instead of the human needs
- Causing loss of Nursing Process skills

---

3. Factor: Computer technology 1 2 3 4 1 2 3 4

Reasons for Importance:
- Appropriate equipment and available expertise facilitates the management of nursing administration
- Generates data base for decision-making
- Provides for hospital wide information system
- Provides for rapidity of information exchange
- Requires additional staff development
- Many administrators are computer illiterate

3. TECHNOLOGY FACTORS (Continued)	Importance	Influence
3. Factor: Computer technology (Continued) Reasons for Importance (Continued): Difficult to develop and maintain skills in rural areas Lacks a "technology" unique to the function of nursing Creates a credibility problem Constant change provides a destabilizing effect Art of nursing risks being lost		
4. Factor: Availability of material resources Reasons for Importance: Increased variety, sophistication, cost and availability of material resources impact need for ongoing staff developments and meeting client's need for quality care	1 2 3 4	1 2 3 4

4. DEMOGRAPHIC FACTORS	Importance	Influence
1. Factor: Growing Alberta population Reasons for Importance: Number and type of citizen residing in agencies catchment area will affect planning and decision-making regarding programs and services	1 2 3 4	1 2 3 4
2. Factor: Distribution of health care facilities Reasons for Importance: Accessibility dictates activity, acuity and workload Proximity to universities provides support for research initiatives	1 2 3 4	1 2 3 4
3. Factor: Demographic character of the client Reasons for Importance: Age, S.E.S., cultural background, mental health status affects services and facilities required	1 2 3 4	1 2 3 4
4. Factor: Declining fertility rate Reasons for Importance: Who will provide necessary resources to maintain many public social programs	1 2 3 4	1 2 3 4
5. Factor: Changing immigration trends Reasons for Importance: Services need to reflect multicultural society	1 2 3 4	1 2 3 4
6. Factor: Trend to regionalization Reasons for Importance: Attempt to eliminate or diminish duplication of services and support services	1 2 3 4	1 2 3 4

4. DEMOGRAPHIC FACTORS (Continued)	Importance	Influence
7. Factor: Aging population Reasons for Importance: Influences length of stay, programming, bed utilization and staffing Increased expectations for provision of high quality of care Many are taking up expensive acute care beds Create pressure for new programs and expanded services requiring innovative ways to provide care Nurses appear to be only professional group interested in this population Funding available for geriatric programs	1 2 3 4	1 2 3 4
8. Factor: Trend to institutionalization of elderly Reasons for Importance: Need for clinically expert and educated nurses as work setting has minimally prepared medical and administrative support Incidence of COPD increasing in elderly requiring more costly equipment to treat	1 2 3 4	1 2 3 4
9. Factor: Trend to increased complexity and acuity of clients Reasons for Importance: Utilizes nursing resources to meet complex needs of the client Requires additional data to justify need for resources	1 2 3 4	1 2 3 4

4. DEMOGRAPHIC FACTORS (Continued)	Importance	Influence
10. Factor: AIDS Reasons for Importance: Will influence allocation of health care dollars Stressor for nurses	1 2 3 4	1 2 3 4
11. Factor: Epidemiological research Reasons for Importance: Increasing Results dictate nursing practice	1 2 3 4	1 2 3 4
12. Factor: Trend toward health promotion and wellness Reasons for Importance: Issues are viewed as those within the nursing role Not easily accepted by "old" nurses or other health care professionals Will take nurses away from the bedside Nurses educated to treat pathology Bridges gap between in-patient and out-patient care Shift to Day Hospitals Need to foster Health Cities concept Strong support by community agencies Influences mortality rates	1 2 3 4	1 2 3 4
13. Factor: Trends in health care management Reasons for Importance: Will require use of new nursing knowledge Will require innovative use of professional nursing to deliver health care	1 2 3 4	1 2 3 4

5. SOCIAL FACTORS	Importance	Influence
1. Factor: Role of women in society	1 2 3 4	1 2 3 4

Reasons for Importance:
- Continue to be undervalued
- Perceived as lacking power/influence
- Continue to seek employment in predominately female professions
- Traditional role attitudes extend into management and become a barrier to inclusion in the decision-making process
- Lack of support and flexible hours to balance career and family
- Becoming more politically astute and active spokespeople
- Change and increasing status

---

2. Factor: Role of the nurse	1 2 3 4	1 2 3 4

Reasons for Importance:
- Much misunderstanding of the current role of the nurse by public, media, health care administrators, other professionals and by many nurses
- Traditional image of the nurse prevails
- In administration viewed as hard, cold and asexual
- Caring is difficult to quantify
- Professional versus clinician
- Shift from full-time to part-time status
- Increasing dissatisfaction
- Increased grievances
- Unable to identify its professional domain
- Do not seek upward mobility
- Ineffective lobby group
- Expanding - nurse midwife
- Shift to lifetime commitment
- Aspiring to board room positions
- Self-directed, politically active

5. SOCIAL FACTORS (Continued)	Importance	Influence
3. Factor: Meaning of work Reasons for Importance: Shift from accepting of authority to focus on worker rights and needs Need recruitment and retention policies Backlash of feminist movement to emphasis on career for women Fewer women are entering nursing as unlimited employment opportunities	1 2 3 4	1 2 3 4
4. Factor: Standardization of nursing education Reasons for Importance: To ensure safe and competent quality of care Others influence educational preparation of nurses and nursing practice	1 2 3 4	1 2 3 4
5. Factor: Community support for adjacent hospitals providing identical services Reasons for Importance: Dilutes the quality of care and efficiency of nursing	1 2 3 4	1 2 3 4

6. REGULATORY FACTORS	Importance	Influence
1. Factor: Canada Health Act Reasons for Importance: Federal government is supportive of the expanded role of the nurse Nurses as the entry point to the health care system	1 2 3 4	1 2 3 4
2. Factor: Meech Lake Accord Section 106A Reasons for Importance: Potential loss of five strategies regarding health promotion, regulation, research, health care efficiency and goal setting	1 2 3 4	1 2 3 4
3. Factor: Canadian Council on Hospital Accreditation Reasons for Importance: Differ from CNA Standards Compliment CNA Standards Set levels of expected performance Encourages excellence in practice Supportive of nursing directions Single force to evaluate nursing Do not address visionary aspect necessary in nursing administrators Strong emphasis on Q.A.	1 2 3 4	1 2 3 4
4. Factor: Bill 44 Reasons for Importance: Minimizes respect for opinions and values of nurses regarding their working conditions	1 2 3 4	1 2 3 4
5. Factor: Nursing Profession Act Reasons for Importance: Regulates nursing practice Any imposed revisions would change environment in which nurses function	1 2 3 4	1 2 3 4

6. REGULATORY FACTORS (Continued)	Importance	Influence
6. Factor: Changes to R.N.A. functions	1 2 3 4	1 2 3 4
Reasons for Importance: Will impact on nursing care delivery structure		
7. Factor: United Nurses of Alberta Union	1 2 3 4	1 2 3 4
Reasons for Importance: Require special skills for labour relations Lack of support and cooperation with professional association Members of A.A.R.N. Trade union oriented Do not support EP 2000 Mandate is to negotiate dollars and working conditions only Non-issue in long term care		
8. Factor: Collective Agreement	1 2 3 4	1 2 3 4
Reasons for Importance: Restricts ways to reward achievement and professional behavior of staff Impedes career laddering Impedes opportunity for professional growth Impedes provision of optimum care		
9. Factor: Certification programs	1 2 3 4	1 2 3 4
Reasons for Importance: Directly affect nursing practice Few available Lack of standards and uniformity within programs		

6. REGULATORY FACTORS (Continued)	Importance	Influence
10. Factor: Canadian Nurses Association Reasons for Importance: Nurses do not see the CNA as a leader in policy/standard development Nurses do not know the role of the CNA and will minimize the significance of the position paper If standards are viewed as "something developed down East then failure is predicted"	1 2 3 4	1 2 3 4
11. Factor: Alberta Association of Registered Nurses Reasons for Importance: Influential factor in obtaining membership support Lobby's effectively Viewed as a non-entity and inept Aversion to addressing difficult political and economic issues Real support for standards will be minimal Professionalism of nurses not emphasized as strongly as it could	1 2 3 4	1 2 3 4
12. Factor: Move to privatization Reasons for Importance: Profit versus quality of care focus Difficulty maintaining consistency throughout public and private institutions If more cost-effective and efficient may replace present public institutions	1 2 3 4	1 2 3 4

7. ECOLOGY FACTORS	Importance	Influence
1. Factor: Social conscience of industry Reasons for Importance: Requires a watchdog Increasing	1 2 3 4	1 2 3 4
2. Factor: Physical environment Reasons for Importance: Limited space and outdated facilities beyond control to fix Influence workflow and ability to effect certain criteria Continual rennovations are destabilizing New designs need to be compatable with patient care programs Multifacility institutions require a plan to maintain consistency	1 2 3 4	1 2 3 4
3. Factor: Risk environments Reasons for Importance: Ongoing concern for real or potential factors Infections, hazardous chemicals, utilization of plastic disposals demand standard development and compliance	1 2 3 4	1 2 3 4

B. INTERNAL FACTORS

8. GOVERNANCE FACTORS	Importance	Influence
1. Factor: Mission Statement	1 2 3 4	1 2 3 4
Reasons for Importance: Outlines organizational philosophy, values, goals Provides direction, scope and priorities		
2. Factor: Board of Trustees	1 2 3 4	1 2 3 4
Reasons for Importance: Provide authority for action Affects ability to effect change Provide resources for actions As your rural neighbor or friend easier to lobby Omnipotent in rural areas Old boy's club still prevalent Limited educational preparation		
3. Factor: Administrative leadership	1 2 3 4	1 2 3 4
Reasons for Importance: Provide direction and commitment Influences corporate will Impacts progress within subsystems Provides active resistance Lacks nursing perspective Delineates organizational structure		

8. GOVERNANCE FACTORS (Continued)	Importance	Influence
4. Factor: Chief Nurse Administrator	1 2 3 4	1 2 3 4
Reasons for Importance: Vision of the future of nursing Controls own activities and resource allocation Promotes knowledge of standards Principle change agent Makes decision and commitment to change Promotes progress and acceptance to change Establishes functions and influences substructures Supported by Nurse Consultant in multifacility organizations Uses formal and informal network		
5. Factor: Corporate will	1 2 3 4	1 2 3 4
Reasons for Importance: Nursing Division has the power to act as it wishes on issues pertaining to its development Influences organizational climate		

9. IMPLEMENTOR FACTORS	Importance	Influence
1. Factor: Dearth of qualified nursing administrators Reasons for Importance: Lack of knowledge and desire and ability to comply Diploma preparation is the rule in rural area	1 2 3 4	1 2 3 4
2. Factor: Credibility of implementor Reasons for Importance: Demonstrates commitment to position, skill in using resources and acting progressively and creatively Knowledge of implementation strategies Allowing for "thinking" time	1 2 3 4	1 2 3 4
3. Factor: Use of change theory Reasons for Importance: Blanket adoption of standards will not be accepted Provides support during transition and acceptance stage	1 2 3 4	1 2 3 4
4. Factor: Process skills Reasons for Importance: Informational and interpersonal skills are effective persuaders	1 2 3 4	1 2 3 4
5. Factor: Risk taking Reasons for Importance: Conflict will arise with proposed changes and fear of failure and confrontation is ever present Nurses are articulating issues and concerns previously not addressed Determined by ability to deal with ambiguity	1 2 3 4	1 2 3 4

10. SUBSTRUCTURE FACTORS	Importance	Influence
1. Factor: Ad Hoc/Advisory Committee Reasons for Importance: Ownership develops with involvement Identifies necessary functions Provides for creative problem-solving approach - quality care circles	1 2 3 4	1 2 3 4
2. Factor: Project Director for Standards Reasons for Importance: Generates or increases support for mandate Has delegated authority to act Provides data for decision-making Identifies resources required to act	1 2 3 4	1 2 3 4
3. Factor: Support Services Reasons for Importance: Human and material resources impact ability to act and produce Information systems need to have capacity to generate appropriate data	1 2 3 4	1 2 3 4
4. Factor: Formal Communication Network Reasons for Importance: Provides for reliable and efficient flow of information Size impacts efficiency	1 2 3 4	1 2 3 4

11. SUBSYSTEM FACTORS	Importance	Influence
1. Factor: Size	1 2 3 4	1 2 3 4

Reasons for Importance:
Larger the agency, the more units to interact with
Support dependent upon degree of perceived threat to domain

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2. Factor: Attitude	1 2 3 4	1 2 3 4

Reasons for Importance:
Tendency to minimize nursing's contribution
Collaboration and good collegial relationships facilitate outcome
Leads to power struggles and lack of support
Impacts change
Continues to be great resistance to practice nursing within the independent role

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3. Factor: Educational Level	1 2 3 4	1 2 3 4

Reasons for Importance:
Increased knowledge base to act appropriately
Complacency exists especially in small rural areas
R.N.A. is part of the system

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4. Factor: Preceptorship/Mentoring	1 2 3 4	1 2 3 4

Reasons for Importance:
Nursing not well versed in caring for, protecting and teaching their own creating divisions, sacred cows and carefully guarded territory

ADDITIONAL COMMENTS

These standards have been implemented to a very high degree in my department of nursing. One of the factors has been decentralization which allows for better decision-making and increased accountability. Flexibility and greater participation increase staff's ability to accept change. Primary nursing also has had a very positive impact on standard implementation.

When Nursing Administrators really believe that what they do can have impact on the care given to "one" client, not to the masses only, the standards make sense. Nursing Administrators need to practice teamwork in the large sense in order to enhance the image of the profession in the health care community.

Extensive lobbying will have to be done locally, regionally, and provincially if these standards are to become policy. Hopefully it will not take 60 years like EP 2000. Not sure the Alberta government will not yet do something to thwart the EP plan. As nurse administrators, we need to promote the professional with the staff R.N.'s who see their union as the be all and end all in their professional lives. How do we do this effectively? UNA seems to bring out the worst in R.N.'s. AARN needs to bring out the best but how to meet on a common ground is not known. Advanced education is definitely not seen as common ground!

APPENDIX D

THIRD-ROUND POLICY DELPHI QUESTIONNAIRE FOR ADVISORY AND REACTION PANEL

Evelyn J. Guillemin
1232 Belavista Cres. S.W.
Calgary, Alberta
T2V 2B1

July, 1988

Welcome to Round III, the final round of the Policy Delphi study IMPLEMENTATION OF CNA STANDARDS FOR NURSING ADMINISTRATION. This study is being conducted in partial fulfillment for my doctoral degree in Educational Administration at the University of Alberta.

Data from Round II has identified important and influential external and internal factors expected to influence the implementation of the 1988 CNA Position Paper on Standards for Nursing Administration. Statistical analysis has further identified 22 major external and internal factors expected to influence the implementation process. These factors have been rank ordered and are included on the yellow sheet for your information.

Your task for Round III is to rate the impact of each of the major external and internal factors on the Chief Nurse Administrator, the most important factor as identified by you, the advisory panel in Round II. A rating scale is provided to assist you in your choice and for maintaining a higher degree of consistency. Secondly, you are requested to recommend possible strategies, for each major factor, for the Chief Nurse Administrator to consider when implementing the 1988 CNA Position Paper.

It is my intention to hand deliver Round III materials on Thursday, July 7, 1988 and pick up the completed questionnaires from your secretary on Monday, July 25, 1988 at 12 noon. If you complete the questionnaire prior to the due date, please call me at my home 255-0507 or at work 268-9611.

The response to this study has remained at 100%. Thank you for your interest and support and I will continue to keep you informed regarding the progress of this study.

Sincerely,

Evelyn J. Guillemin
Doctoral Candidate

MAJOR EXTERNAL AND INTERNAL FACTORS
RANK ORDERED AS IDENTIFIED IN ROUND II

RANK ORDER	MAJOR FACTOR
1	Chief Nurse Administrator
2	Administrative Leadership
3	Role of the Nurse
4	Government Policy of Fiscal Restraint
5	Government Priorities Within Department of Hospitals and Medical Care Credibility of Implementor
6	Board of Trustees
7	Canada Health Act Nursing Professions Act Consumer of Health Care Trend Toward Health Promotion & Wellness Mission Statement Process Skills of Implementor
8	Dominance of the Progressive Conservative Party in Alberta Shortage of Nurses
9	Trends in Health Care Management Computer Technology Use of Change Theory by Implementor
10	Government Priorities Among Departments High Cost of Health Care
11	Alberta Association of Registered Nurses Use of Ad Hoc/Advisory Committee

IMPLEMENTATION OF 1988 CNA STANDARDS FOR NURSING ADMINISTRATORS

RATING SCALE

DEGREE OF IMPACT

SCALE REFERENCE	DEFINITIONS
1 High Impact	• Will have a major impact on the implementation process • Will have direct bearing on recommended strategies
2 Moderate Impact	• Will have some impact on the implementation process • Will have some bearing on recommended strategies
3 Low Impact	• Will have little impact on the implementation process • Will have no direct bearing on recommended strategies
4 No Impact	• Will have no impact on the implementation process • Will not impact on recommended strategies • Should be dropped as an item to consider

Participant #________

IMPLEMENTATION OF 1988 CNA STANDARDS
FOR NURSING ADMINISTRATION

ROUND III

IMPACT OF EXTERNAL AND INTERNAL FACTORS AND RECOMMENDED STRATEGIES

ROUND III

Provision of the highest quality of care is the major goal of nursing service departments. Standards for the nursing service department express what is desirable nursing administration and the adoption and implementation of standards contributes to the continued improvement of nursing administration practice.

What impact will each of the following major external and internal factors have on the Chief Nurse Administrator. What possible strategies, for each major factor, could the Chief Nurse Administrator consider when implementing the 1988 CNA Position Paper.

INSTRUCTIONS

1. Examine carefully the major factors influencing implementation.
2. Review their Reasons for Importance frcm Round II Questionnaire.
3. Rate each major factor for its degree of impact on the Chief Nurse Administrator. Circle the answer of your choice.
4. Recommend possible strategies, pertaining to each major factor, for the Chief Nurse Administrator to consider when implementing the 1988 CNA Position Paper. Three spaces have been provided. You may wish to recommend more or less than three.

MAJOR FACTOR	PRIMARY MAJOR FACTOR	IMPACT	RECOMMENDED POSSIBLE STRATEGIES
1. Administrative Leadership	Chief Nurse Administrator	1 2 3 4	1. 2. 3.

MAJOR FACTOR	PRIMARY MAJOR FACTOR	IMPACT	RECOMMENDED POSSIBLE STRATEGIES
2. Role of the Nurse	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
3. Government Policy of Fiscal Restraint	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
4. Government Priorities Within Department of Hospitals and Medical Care	Chief Nurse Administrator	1 2 3 4	1. 2. 3.

MAJOR FACTOR	PRIMARY MAJOR FACTOR	IMPACT	RECOMMENDED POSSIBLE STRATEGIES
5. Credibility of Implementor	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
6. Board of Trustees	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
7. Canada Health Act	Chief Nurse Administrator	1 2 3 4	1. 2. 3.

MAJOR FACTOR	PRIMARY MAJOR FACTOR	IMPACT	RECOMMENDED POSSIBLE STRATEGIES
8. Nursing Professions Act	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
9. Consumer of Health Care	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
10. Trend Toward Health Promotion and Wellness	Chief Nurse Administrator	1 2 3 4	1. 2. 3.

MAJOR FACTOR	PRIMARY MAJOR FACTOR	IMPACT	RECOMMENDED POSSIBLE STRATEGIES
11. Mission Statement	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
12. Process Skills of Implementor	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
13. Dominance of the Progressive Conservative Party in Alberta	Chief Nurse Administrator	1 2 3 4	1. 2. 3.

MAJOR FACTOR	PRIMARY MAJOR FACTOR	IMPACT	RECOMMENDED POSSIBLE STRATEGIES
14. Shortage of Nurses	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
15. Trends in Health Care Management	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
16. Computer Technology	Chief Nurse Administrator	1 2 3 4	1. 2. 3.

MAJOR FACTOR	PRIMARY MAJOR FACTOR	IMPACT	RECOMMENDED POSSIBLE STRATEGIES
17. Use of Change Theory by Implementor	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
18. Government Priorities Among Departments	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
19. High Cost of Health Care	Chief Nurse Administrator	1 2 3 4	1. 2. 3.

MAJOR FACTOR	PRIMARY MAJOR FACTOR	IMPACT	RECOMMENDED POSSIBLE STRATEGIES
20. Alberta Association of Registered Nurses	Chief Nurse Administrator	1 2 3 4	1. 2. 3.
21. Use of Ad Hoc/ Advisory Committee	Chief Nurse Administrator	1 2 3 4	1. 2. 3.

ADDITIONAL COMMENTS

Thank you.

APPENDIX E

COVERING LETTER FOR REACTION PANEL

Evelyn J. Guillemin
1232 Belavista Cres. S.W.
Calgary, Alberta
T2V 2B1

July, 1988

In 1987, the Ad Hoc Committee on Nursing Administration, appointed by the Board of Directors of the Canadian Nurses Association, revised the position paper on The Role of the Nurse Administrator and Standards for Nursing Administration. At a February 1988 meeting the Board of Directors of the Canadian Nurses Association approved the revised position paper.

My doctoral dissertation research in Educational Administration at the University of Alberta will address Implementation of the 1988 CNA Position Paper. The purpose of the research is twofold:

I. To describe and explain the events that led to the formulation of the 1988 Canadian Nurses Association Position Paper on the Role of the Nurse Administrator and Standards for Nursing Administration.

II. To recommend strategies which might influence the implementation of the 1988 Position Paper as perceived by nurse administrators currently responsible for implementation.

In order to identify implementation strategies, a policy Delphi was selected to structure group communication. An advisory panel of twenty-four nurse administrators employed in urban and rural acute care and long term care settings from Calgary and surrounding area were selected. This advisory panel provided data for three rounds of a policy Delphi. Participants were requested to identify external and internal factors expected to influence the implementation of the 1988 Position Paper; to estimate the degree of importance and influence the factors had on the process of implementation; and to recommend strategies for effective implementation.

A reaction panel comprised of chief nurse executives of teaching hospitals is being requested to recommend possible strategies for the chief nurse administrator to consider when implementing the 1988 CNA Position Paper. In doing so, any differences in response patterns between advisory and reaction panel participants can be identified.

You have been selected to form the reaction panel for this study. I hope you will consent to participate. A package of materials is being sent to you to provide background and assist you in this study.

I believe your input will make an important contribution to my study and provide the perspective it requires. Please complete the questionnaire as soon as you are able and return it along with the consent form in the enclosed envelope by July 29, 1988. Thank you for your support of nursing research.

Yours truly,

Evelyn J. Guillemin
Doctoral Candidate

EJG:es
Encl.

APPENDIX F

POSSIBLE IMPLEMENTATION STRATEGIES: THIRD-ROUND POLICY DELPHI

Appendix F

POSSIBLE IMPLEMENTATION STRATEGIES

I **Major Influence:** Process

Area of Influence	Possible Implementation Strategies
1. Provision of Direction, Scope and Priorities	1.1 Be aware of mission statement and incorporate it for implementation purposes.
	1.2 Use developmental phase of mission statement to achieve the involvement of all professionals and management.
	1.3 Show relevance of mission statement to direct patient care activity and ensure congruence.
	1.4 Use mission statement as a base to articulate future needs.
	1.5 Educate CEO of the Scope of Nursing Practice informally.
	1.6 Educate CEO of the Scope of Nursing Practice formally through AHA.
	1.7 Examine present role and functions of nurse administrators and compare with standards, then adopt those standards not met within the organization.
	1.8 Representatives of external peer groups to present and discuss standards with external hospital administrators group.
	1.9 Discuss at executive committee meetings to develop internal implementation strategies.
	1.10 Conduct formal and informal discussions with internal nursing management groups.
	1.11 Strike ad hoc committee comprising representatives from all levels of staff to advise on implementation strategies.
	1.12 Be proactive.
	1.13 Utilize standards as a negotiating tool when bargaining for a position.
	1.14 Ensure CEO has clear understanding of issues and concerns of nursing by interacting with nursing staff regularly.
	1.15 All documentation or proposals should demonstrate a high level of

concept, clarity, data analysis and strategic planning.

1.16 All proposals need to emphasize desirable outcomes and economy.

1.17 Reject emotional based arguments.

1.18 Adopt a leadership style compatable with that in the organization to resolve conflict.

1.19 Always seek win-win solutions.

1.20 Discover CEO value system and tie implementation of standards to it.

1.21 Pursue additional funding for education programs at the post-baccalaureate level.

1.22 Foster university affiliation.

1.23 Pursue written contracts for nurse administrators for paid educational leaves of at least 6 months every 5 years for leadership requires up-to-date leaders with a high skill level.

1.24 Acquires equivalent academic preparation as others in similar non-nursing positions in health care.

1.25 Show linkage between standards and provision of quality care.

1.26 Relate implementation to increased competitiveness and credibility of organization.

1.27 Ensure appropriate organizational structure with Chief Nurse Administrator in top nursing position and reporting directly to the CEO.

1.28 Chief Nurse Administrator has accountability for departmental budget, program planning and delivery.

1.29 Identify power base.

1.30 Gain support of individuals within the power bases.

1.31 Pick out standards that have no cost attached to them and plan implementation.

1.32 Define nursing priorities among remaining standards and develop proposals for those standards most likely to be accepted.

1.33 Spread submission of proposals out over months/years dependent upon knowledge of situation.

1.34 Use every opportunity to make small moves towards the standards and the final move becomes inevitable.

2. Use of Appropriate Skills	2.1 Use forward thinking and analytical skills.
	2.2 Maintain professional conduct and interpersonal skills to implement standards.
	2.3 Demonstrate good communication skills, both written and verbal.
	2.4 Educationally prepared.
	2.5 Experientially prepared.
	2.6 Provide feedback and time for acceptance.
	2.7 Obtain input from formal and informal power bases.
	2.8 Work with DHMC consultants in the field to increase skills.
	2.9 Be attentive to own biases, and symbolic behavior.
	2.10 Train nurse managers for groups and negotiating skills.
	2.11 Work with Senior Administration to develop a view of the role of nursing in the health care system.
	2.12 Select only qualified change agents to assist with process of implementation.
	2.13 Translate change theory into specific situations, with specific goals in a specific time.
	2.14 Recognize use of change theory as a strategy for influencing and gaining support.
	2.15 Consider implementation of standards in gradual, smaller components.
	2.16 Use a detailed action plan to implement.
	2.17 Monitor and re-evaluate on an ongoing basis.
	2.18 Think of change as a friend and harness the forces in a positive direction.
	2.19 Decide on the focus of the change, method to be used and rigorously use it before trying another new method.
	2.20 Keep others informed and include relevant stakeholders in the process.
	2.21 Have a working knowledge of change theory.
	2.22 Clear terms of reference.
	2.23 Use top-down and bottom-up approach.

2.24 Allow for time to function.
2.25 Establish both internally and externally and in conjunction with others for joint ventures.

3. Dissemination of Standards

3.1 Provide a copy of standards to all stakeholders.
3.2 Particularize standards to own institution.
3.3 Communicate standards and implications to nursing staff, physicians, other stakeholders.
3.4 Discuss standards at AHA/AARN Conventions at plenary sessions.
3.5 Use external peer groups.
3.6 Submit articles regarding implementation strategies.
3.7 Develop a video to sell the standards.
3.8 Formulate a software package for introduction and explanation of the standards.
3.9 Recognize cost of computer technology and responsibility for computer literacy.
3.10 Use MIS and NMIS to your advantage.

7

3.11 Have a good working knowledge of computer technology.
3.12 Acquire knowledge of nurse belief, attitudes and knowledge of computer technology.
3.13 Be supportive and enthusiastic and an integral part of the decision-making committees regarding this technology.

4. Provision of Authority and Resources for Action

4.1 Regularly attend Board Meetings and present a high profile of positive actions to influence them in a proactive way to support standards, maintain support and awareness and provide the necessary resources for implementation.
4.2 Quarterly unit rounds to show how care is delivered and the importance of nursing within a hospital setting.
4.3 Ensure role of nursing and need for standards well understood through continuous presentations to Board.
4.4 Use nursing care seminars to demonstrate the role and quality of care provided by nurses and the effectiveness of same.

4.5 Take advantage of critical timing created by media/journals that describe the crisis in nursing to make changes.

4.6 Create an infrastructure that is progressive and change oriented.

4.7 Knowledge of background of each board member and plug into their beliefs and values.

4.8 Stress non-cost implementations followed by glowing reports of positive outcomes develops fertile ground.

4.9 Demonstrate how nursing service meets or surpasses the normal standards to gain support.

4.10 Act in such a manner that you support standards and this will assist in convincing the Board.

4.11 Lobby to change Public Hospitals Act so that Board membership of the Chief Nursing Administrator will be required.

4.12 Win the support of your CEO and use it to influence the Board.

4.13 Arrange for nursing representation on Board Committees and seek Board representation on Nursing committees.

4.14 Maintain gift subscriptions of nursing journals for each Board member.

4.15 Present positive aspects of advanced education to Board/Administration.

4.16 Prepare written reports in lay language to provide board members and other "power players" an understanding of the importance of nurses and standards.

4.17 Need to provide data to rural hospital Boards that addresses cost-effectiveness of hiring nurse administrators with advanced preparation.

5. Commitment to Change

5.1 Ensure that all Senior Nurse Administrators or replacement for Chief Nurse Administrators are committed to the implementation of the standards.

5.2 V.P. Nursing must first reach her own level of conviction about standards in order to generate an attitude which in turn ingenders credibility.

5.3 Refute in writing and in public any written report which is incorrect or provides a point of view which in the long run is harmful to the Nursing Profession and to future patient care.

5.4 Act as a role model with necessary degrees, public reputation in nursing profession and in the whole health administrative field.

5.5 Mentor and foster development of the young leaders behind you.

5.6 Firmly develop positive relationships with whole of management team.

5.7 Discuss various strategies with Calgary Nursing Administrators Group.

5.8 Only hire academically prepared nurse administrators.

5.9 Draft a prototypical position descriptor and performance appraisal tool based on the standards.

5.10 Have a view larger than nursing and be able to fit nursing into the larger picture.

5.11 Prove your worth as a decision maker.

5.12 Undertake activities that bring credit to the hospital.

5.13 Garner support from other resource people with high credibility.

5.14 Implement standards in a nonthreatening manner regardless of any negative feelings.

5.15 Utilize research methodology as appropriate.

5.16 Bring in an expert change agent who understands the environment.

5.17 Allow for free flow of input from all sources without judging same.

5.18 Utilize appropriate consultants.

5.19 Participate in clinical practice at regular intervals.

5.20 Involve CNA actively.

5.21 Be in touch with reality through open communication.

5.22 Live the mission statement.

II **Major Influence:** Issues

Area of Influence	Possible Implementation Strategies
6. Professional Domain	6.1 Define the role of the nurse better for nurses and other departments. 6.2 Re-define the role as a therapeutic rather than custodial discipline. 6.3 Define the role of the nurse better for the public so that it is clearly developed, communicated and understood. 6.4 Define the role of the nursing administration as it relates to other nursing roles. 6.5 Analyze the role for its ability to compete with other professions for applicants. 6.6 Analyze the role for its ability to attract males and females who are career oriented. 6.7 Develop a climate of trust, respect, and enthusiasm for patient (nursing) care. 6.8 Encourage and assist the nurse to take dominate position in patient care. 6.9 Develop strong primary nursing delivery systems. 6.10 Develop practice models that are congruent with professional practice. 6.11 Provide adequate ancillary support. 6.12 Encourage dialogue between union and management internally. 6.13 Press for communications between AHA, UNA, and AARN in the same room. 6.14 Foster nursing research and use of current and reliable research findings. 6.15 Publicize the expanded role of nursing internally, local media, and national publications. 6.16 Articulate own philosophy and expectations of the professional nurse within your institution. 6.17 Articulate own philosophy of nursing administration to senior administration and to the grassroots. 6.18 Interpret the role of nursing in the hospital and community.

6.19 Sit on key government task force or commissions.
6.20 Seek nursing staff with increased educational qualifications to promote a broad view of the role of the nurse.
6.21 Include the staff nurse in decision-making to advise on standard implementation.
6.22 Involve nurses in implementation process and standard setting for unit based quality assurance.
6.23 Participate in staff and professional organizations committees promoting standards.
6.24 Tie nursing quality assurance process to the quality assurance issue of implementing standards.
6.25 Educate nurses as students regarding the role of nursing administration.
6.26 Accept future Medically Delegated functions in concert with delegating domestic tasks to non- skilled workers.
6.27 Ensure adequate space, equipment, supplies and appropriate expertise to assist nursing practice.
6.28 Arrange every opportunity for nurses to show off their talents; internally on committees and externally to speak to a wide variety of health issues facing the community.
6.29 Planned programmes for education to allow and promote continuing learning for nurses.
6.30 Prepare own personal programme of executive development.
6.31 Develop nursing division goals and objectives with all levels of nursing staff.
6.32 Encourage flexibility in scheduling job sharing to assist with more job satisfaction.
6.33 Liase with Schools of Nursing to educate a realistic product.
6.34 Ensure a solid positive relationship with your staff nurses and prepare them to fight for their rights as well as you do.
6.35 Promotes association role in facilitating standard implementation.

6.36 Submit proposal to annual meeting of AARN to recommend support of standards.
6.37 Work collaboratively with other nurse administrators regarding a 5 year plan of implementation.
6.38 Join, influence, support, liase, and consult your professional association.
6.39 Provide adequate lead time to impact professional associations.
6.40 Take care that administration does not view standards as vested interest of a profession pushing for more control or power.
6.41 Be aware of the Nursing Professions Act and its articles.
6.42 Recommend changes to act as appropriate and in concern with other relevant groups.
6.43 Accept MDF's as per nursing desirability rather than as a means of redistributing workload of other groups.
6.44 Enforce annual registration.
6.45 Ensure all nursing policies, employment standards are congruent with the Nursing Professions Act.
6.46 In Quebec the process of nursing is part of the Act, so all changes must be considered in its light.
6.47 Awareness that in Ontario, the Health Disciplines Act is currently under tension.
6.48 Assess where there is agreement between Standards and College of Nurses of Ontario Act as to resolve, explain or understand any salient points of difference.
6.49 Use knowledge that federal government is supportive of the expanded role of the nurse to implement standards.
6.50 Obtain a working knowledge of the Canada Health Act and use sections to facilitate implementation.
6.51 Lobby for independent practice for nurses and fee for service.
6.52 Develop demonstration projects to test the Canada Health Act.
6.53 Support and speak out for the importance of a health system that has universality and portability.

	6.54 Design new models of nursing care to include entry to health care system, well care and lifestyle counselling and present for public support.
7. Creative Resource Priority Setting	7.1 Meet with MLA quarterly to dialogue about health care and impact of wage depression in nursing.
	7.2 Develop good working relationship with DHMC.
	7.3 Provide accurate information to DHMC.
	7.4 Develop political awareness and astuteness of pertinent health care issues.
	7.5 Develop responsible track record of cost-effectiveness within Nursing Depts.
	7.6 Create Nursing/DHMC Liason Committee.
	7.7 Invite DHMC to annually visit health facilities for first hand observation and discussion of issues.
	7.8 Provide a copy of Standards to Minister and Deputy Minister and Nursing Consultants.
	7.9 Stress profession of nursing as the backbone of health care system.
	7.10 Utilize DHMC Consultants.
	7.11 Use professional association to lobby department.
	7.12 Support nurses for provincial and federal politics.
	7.13 Eliminate non-cost effective hospitals.
	7.14 Limit provision of services as necessary.
	7.15 Demonstrate willingness to provide test sites as appropriate to goals of organization.
	7.16 Be aware of fiscal climate.
	7.17 Capitalize on priorities which may facilitate standard implementation.
	7.18 Become knowledgeable about recommendations of the Commission of future health care for Albertans.
	7.19 Long range plan.
	7.20 Introduce standards by individual chief nursing administrators on individual basis across the province or by a strong united province wide Nursing Administration Group.

7.21 Nursing leaders must recommend and support nurses hired within DHMC so they are current in knowledge and articulate a sound rational system for health care delivery within hospitals.
7.22 Closer planning between hospitals and government to realign misplaced government priorities.
7.23 Liase directly with branches of government to provide data on a continuous basis which should help guide government decision making.
7.24 Contribute to position papers or consultants enquiries to reduce duplication of services regionally and/or provincially.
7.25 Priorize program requests based on impact analyses.
7.26 Respond as a Senior Administrator if priorities interfere with existing services.
7.27 Awareness that priorities change according to public demand.
7.28 Long term building of the "Nursing Story" with ministry officials.
7.29 Be ready to argue and demonstrate that nurses can expand their roles and remain nurses.
7.30 Joint proposals.
7.31 Always include "what's in it for them".
7.32 Suggest "health" should be directed by one ministry rather than being split among several.
7.33 Develop personal contacts within government and be willing to educate.
7.34 Lobby effectively for proper allocation of funds.
7.35 Know and use the political process.
7.36 Develop political prowess.
7.37 Encourage creative solutions which support administrative efforts to reduce government dependence.
7.38 Cost out standards for budget committees over specific time.
7.39 Access research funds to validate resource needs.
7.40 Prepare and allocate budgets efficiently.
7.41 Consider implications for utilization and outcome.

7.42 Lobby through various organizations the need for "fair share".
7.43 The lobby message is that nursing is a profession and not a service club for women.
7.44 Lobby first in your own community.
7.45 Consoldate all regional nursing administration groups to develop one voice for strategies and political action.
7.46 Lobby for representation on Provincial hospital association Boards.
7.47 Develop a strong network.
7.48 Seek private donations.
7.49 Explore alternate more cost-effective ways of delivering patient care.
7.50 Redesign the Health Care System to include realignment of funding for Nursing.
7.51 Use MIS to ensure cost-effective resource use and show increased productivity of staff.
7.52 Demand a review of staffing guidelines used for establishing the funded human resources.
7.53 Establish spending guidelines for medical personnel.
7.54 Remain within allocated budgets.
7.55 Reduce patient stay days by one day across the board.
7.56 Quarterly review throughout the fiscal year to establish the current status of expenditure.
7.57 Promote cost-awareness within the organization.
7.58 Review Hansaid and discuss with politicians.
7.59 Lobby that nurses deal with health while physicians deal with disease.
7.60 Educate policy makers on impact of cost containment on nursing, patient care and health of society.
7.61 Collaborative planning with ministries of health, education, labor, housing.
7.62 Support patient classification research.
7.63 Be knowledgeable regarding work load indices and subsequent costs for nursing care delivery.
7.64 Find resources for the right kinds of staff in appropriate numbers as

it is difficult to implement high standards without staff.

7.65 Support only those initiatives that are in the best interest of the total patient.

8. Health Consumer Expectations

8.1 Use TV/media/print to inform and explain or educate regarding needs and advantages for standards.

8.2 Become involved with consumer groups through committee work.

8.3 Be a patient advocate for patient rights.

8.4 Solicit patient input from comment sheets.

8.5 Influence patients and families through in-house education, programs, posters, educational T.V. channel and hospital administration T.V. channel.

8.6 Ensure department nursing philosophy has focus regarding the consumer.

8.7 The consumer is our "raison d'etre' for change.

8.8 Develop a community based prominent citizen group and call them the Friends of Nursing who will become involved enough to understand the issues facing nursing and health care.

8.9 Enlarge the base of active consumer involvement in all nursing and health care organizations.

8.10 Use nursing base to teach health self management.

8.11 Promote knowledge of nursing, education whenever possible through membership in community organizations.

8.12 Take an active role in informing and educating consumer regarding costs of treatment and realistic expectations.

8.13 Teach patients as much as possible about their conditions.

8.14 Lobby to increase health curriculum in elementary and secondary schools.

8.15 Be receptive to requests from consumer groups for speakers, answers to questions or problems.

8.16 Use standards to provide safe environment for patients to receive care and nurses to provide it.
8.17 Promote nurse's own health and well- being and that of her family.
8.18 Support fitness and wellness programs for staff.
8.19 Incorporate health promotion and wellness in strategic planning and vision for future program development.
8.20 Foster the development of public education.
8.21 Encourage patient teaching and discharge planning as a prime nursing role.
8.22 Be aware of trends and directions in health care.
8.23 Be aware of new opportunities for nursing practice.
8.24 Provide test site to permit comparisons of health promotion activities, cure activities and care activities.
8.25 Clean up own act.
8.26 Liase with community health and home care to develop and support programs based on community needs.
8.27 Take a lead role in Ambulatory Care.
8.28 Establish a health promotion department in your hospital.
8.29 Involve nurses in the ecological issues of the community.
8.30 Health promotion and wellness should receive high priority in patient education.
8.31 Promote participation.
8.32 Design nursing delivery systems which allow nurses to move with clients across illness-to-well agency boundary lines.
8.33 Provide increased patient teaching for earlier discharge.
8.34 Use a multidisciplinary approach to patient care.
8.35 Identify greater need for nurses prepared at the baccalaureate level.
8.36 Identify increasing specialization in nursing as diabetes teaching nurse specialists.
8.37 Resolve who standards are really for in order to defend their need.

	8.38 Emphasize standard implementation will facilitate a cost-effective service with long range benefits.
	8.39 Build in start-up costs.
	8.40 Never compromise on the need for standards implementation and compliance.
	8.41 Foster cooperative practice through "Value Improvement Programmes".
	8.42 Examine medical manpower and cost of medical practice.
	8.43 Address vested interests and ethical practice in relation to cost of health care.
	8.44 Use research projects for comparing physician management of clinical cases.
	8.45 Present proposals to government in a health oriented system.
9. Recruitment and Retention	9.1 Establish recruitment and retention policies and programs on the 20 year future.
	9.2 Work on becoming a magnet hospital.
	9.3 Mobilize nursing management and union leaders to work together towards a shared vision of the needs of the profession.
	9.4 Rid ritualistic task activities.
	9.5 Adopt a system of appraisals for performance and productivity.
	9.6 Demonstrate shortages of nurses and reasons for shortages province-wide and develop plan to alleviate shortages.
	9.7 Make your hospital workplace attractive to practice professionally.
	9.8 Utilize proven recruitment and retention strategies.
	9.9 Value the patient and caregiver.
	9.10 Ensure nurses are nursing.
	9.11 Avoid non-R.N. personnel categories.
	9.12 Utilize volunteers.
	9.13 Advocate EP2000 now.
	9.14 Provide structure for nurses to advance in a variety of directions.
10. Lack of Government Support	10.1 Circulate standards to MLA's and Premier for endorsement and support.
	10.2 Be politically active.
	10.3 Exercise franchise on voting day.

10.4 Don't vote for provincial P.C. Party.
10.5 Support candidates with common concept and ideals for nursing.
10.6 Join local P.C. Party first and everyone else join NDP and Liberals and fight in public.
10.7 Use peer groups to get it on record.
10.8 Learn how to lobby.
10.9 Any political philosophy has implications to action and policy therefore continue to function at high level within her realm of responsibility regardless of government in power.
10.10 Re-define or restate nursing issues.
10.11 In Quebec appeal in the French language to be heard.
10.12 In Ontario be a friend of the Liberal Government.
10.13 Lobby professional association to be more politically involved.